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It is with great pleasure that I present you with the Annual Report for yet another great and very successful year of the Department of Psychiatry at Queen’s University, affiliated teaching hospitals, community and other partners.

Congratulations are in order to all faculty, staff, students, residents and fellows, and all external partners for their hard work and dedication to the vision and mission of the Department. It has been an honour and pleasure to work with such a talented and committed team, and this has helped crystallize my decision to be considered for a second term. There is a lot more work to be done in the coming years, but I am more optimistic than ever before that the future of our Department is bright.

I invite you to spend some time reading about our successes and challenges over the last year. I also invite you to visit our website http://psychiatry.queensu.ca or visit us at our Queen’s University, Department of Psychiatry Facebook page.

I would also like to take this opportunity to offer a special thank you to Dr. Sarosh Khalid-Khan and Ms. Krista Robertson for their commitment and dedication in ensuring the successful completion of this project.

ROUMEN MILEV
Mandate

To coordinate psychiatry education across the 4-year medical school curriculum in a relevant, integrated and interactive manner. To deliver a competency based curriculum in psychiatry and to collaborate with other components of the curriculum to ensure as seamless delivery as possible.

Developments

- Adaptation of the curriculum to the new undergraduate course which is rolling out for 2014, 2015 classes.
- Expansion of clerkship rotations with exchange program with University of Queensland, Australia.
- Expansion of Integrated Clerkship rotations, now occurring in Brockville/Prescott, Perth and Picton. Clerks do an 18-week rotation in a family practice setting which integrates, family medicine, paediatrics and psychiatry.

Education

- Year 1 – 2 sessions. Psychiatry Extravaganza (Exposure to clinical interview in Psychiatry)
- Session 2. Introduction to CBT as clinical skill and self-care skill
- Year 2: Comprehensive Psychiatry Course composed of lectures, team based learning, facilitated small group sessions and expanded clinical skills
- Clerkship. Participation in new clerkship courses to address how to consolidate and integrate essential psychiatry skills across all clinical rotations.
- Addition of Compassion Fatigue session and reflection on self-care strategies
- Modification of Psychiatry Clerkship seminars to reflect change in curriculum and avoid duplication.
- Expansion of clerkship rotations to rotation at University of Queensland, Australia
- Initiative to co-teach Mental Health Law with Law School for 2014 Psychiatry course (April 2012). Description accepted as poster for CCME 2013 and workshop for International Association of Mental Health Law Amsterdam July 2013.
Mandate

The Residency Program Committee (RPC) is responsible for the planning and implementation of the residency program in accordance with the requirements of the Royal College of Physicians and Surgeons of Canada (RCPSC). Reporting directly to the Academic Affairs Committee and the Chair of the Department, the RPC is also responsible for the content of the curriculum and all evaluation procedures. The Committee meets monthly and is chaired by the Program Director (PD).

The responsibilities of the RPC are designated to Portfolio Managers (PMs). The PMs assume leadership for tasks of the RPC. These include, for example, curriculum review, resident evaluation and remediation, CaRMS selection process and rotation review. Each PM reports to the monthly RPC meeting.

Developments

The Psychiatry Residency Program welcomed five PGY-1’s to the Residency Program: Selim Asmer, Shelly Dhaliwal, David Khachatryan, Julius Koifman, Alex Xiang and Megan Yang. In addition, Max Walker, PGY-4, transferred in to our program.

The RPC has worked hard on further developing the program with the focus on a review of the academic day schedule and psychotherapy teaching. Some of the highlights of the teaching schedule include a three day course on Self-Awareness and cultural competency, and a teaching series on workshops presented by psychologists for psychiatrists.

Education

Residents are involved in the development of the curriculum which includes academic seminars, small group teaching sessions and workshops that promote interactive resident and faculty participation.

Residents are encouraged to pursue their interest in teaching junior colleagues or students or research and the program supports their involvement in all the academic missions of the Department of Psychiatry.

The Program has provided protected time every Wednesday from 10:30 – 4:30 for residents to attend their academic teaching which include Interviewing skills, PDMS as well as core seminars.

Research

Residents were actively involved in research activities in 2013. Research was presented at the American Psychiatric Association (APA), Canadian Psychiatric Association (CPA), and Department of Psychiatry Research Day.
Mandate
To organize and host weekly Grand Rounds and other CME activities. Also to accredit CME programs for RCPE Section I credits.

Developments
In 2012, the Departmental policy for the “Relationship with Pharmaceutical Companies” was developed and implemented. This policy states that “Residents should not solicit or accept financial support from pharmaceutical companies. In exchange, pharmaceutical companies can bring in accredited presentations and provide a modest lunch. These talks will take place at noon-hour only and will not be part of Grand Rounds. The Department will send a notice of these industry-sponsored presentations (without Queen’s logo) to those on our Grand Rounds list and will put the company name on our Grand Rounds announcements for that year. The CME Director will normally not attend. A specifically designed evaluation form asking about the balance of the presentation will be used to assess these events. Under exceptional circumstances, the CME Committee may waive the need for accreditation. Grand Rounds must be locally planned by the CME Committee according to the perceived and unperceived needs of the Department.

There will be no support or publicity for evening talks even if accredited by the Royal College or CME.”

Education
There were 28 Grand Rounds sessions held in 2012. The topics and presenters are listed below.
### 2012 Grand Rounds Summary

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
<th>Location</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To Admit or Not admit, That is the question:</strong> Factors associated with Admission after Urgent Consults</td>
<td>January 6</td>
<td>Hotel Dieu Hospital</td>
<td>Dr. Nasreen Roberts, Susan Franchuk</td>
</tr>
<tr>
<td><strong>This House Believes that Psychiatric Treatments are Never Futile</strong></td>
<td>January 13</td>
<td>Hotel Dieu Hospital</td>
<td>Dr. Nasreen Roberts, Dr. Ruzica Jokic, Dr. Casi Cabrera, Dr. Eric Prost, Dr. Frank Jarrett</td>
</tr>
<tr>
<td><strong>PTer – Psychotherapy Training Electronic Resource</strong></td>
<td>January 20</td>
<td>Hotel Dieu Hospital</td>
<td>Dr. Priyanthy Weerasekera</td>
</tr>
<tr>
<td><strong>Hypnotherapy for Smoking Cessation</strong></td>
<td>February 10</td>
<td>Providence Care</td>
<td>Dr. Ruby Sadera</td>
</tr>
<tr>
<td><strong>An Evaluation of the “Priming, Timing, Mimic” Behavioural Care Plan by LTC Facilities Receiving Patients from the MHS Geriatric Psychiatry Inpatient Units</strong></td>
<td>February 17</td>
<td>Providence Care</td>
<td>Dr. Lindy Kilik, Jack Henson</td>
</tr>
<tr>
<td><strong>Forecasting the Storm:</strong> Aggressiveness and Violence Risk Assessment in Acute Care and Out-patient Settings**</td>
<td>February 24</td>
<td>Providence Care</td>
<td>Dr. David Murray</td>
</tr>
<tr>
<td><strong>Collaborative Mental Health Care in Long-Term Care</strong></td>
<td>March 2</td>
<td>Providence Care</td>
<td>Dr. Salinda Horgan</td>
</tr>
<tr>
<td><strong>PTSD – A Historical Perspective</strong></td>
<td>March 9</td>
<td>Hotel Dieu Hospital</td>
<td>Dr. Behnia Haghiri</td>
</tr>
<tr>
<td><strong>Psychiatry in Ontario: What You Need to Know and Why You Need to Know It</strong></td>
<td>March 23</td>
<td>Hotel Dieu Hospital</td>
<td>Dr. Alison Freeland</td>
</tr>
<tr>
<td><strong>Role Models and Road Blocks:</strong> Professionalism In Health Education**</td>
<td>May 11</td>
<td>Hotel Dieu Hospital</td>
<td>Dr. Nishardi Wijeratne</td>
</tr>
<tr>
<td><strong>Primary Polydipsia in a Severe Persistent Mental Illness Population</strong></td>
<td>May 25</td>
<td>Hotel Dieu Hospital</td>
<td>Dr. Simon O’Brien</td>
</tr>
<tr>
<td><strong>Film “Recovery”</strong></td>
<td>June 8</td>
<td>Providence Care</td>
<td>Gary and Krista Ledbetter</td>
</tr>
</tbody>
</table>
• Cycloid Psychosis
  RESIDENT
  Dr. Nam Doan
  June 15
  Providence Care

• ADHD Across the Lifespan
  FACULTY
  Dr. Alina Marin, Dr. Michael Chan,
  Dr. Garth Smith
  June 22
  Providence Care

• The M.I.N.I.
  GUEST
  Dr. Juris Janavs
  September 21
  Hotel Dieu Hospital

• Department Retreat
  October 2-3

• Teen Suicides in Moose Factory:
  A Collaborative Approach towards
  Screening At-Risk Youth and
  Identifying Resilience Factors
  FACULTY
  Dr. Sarosh Khalid-Khan,
  Dr. Kevin Parker
  October 12
  Providence Care

• Can Mental Illness Present as an
  Epidemic
  RESIDENT
  Dr. Varinder Parmar
  October 19
  Providence Care

• The Revised Maintenance of
  Certification Program: Practical
  Strategies for Lifelong Learning in
  Practice
  GUEST
  Dr. Craig Campbell
  October 26
  Providence Care

• Physician Health Challenges in
  Training and Beyond: Does Psychiatry Have a Role
  FACULTY
  Dr. Melissa Andrew, Dr. Leslie Flynn,
  Dr. Steve McNevin
  November 2
  Hotel Dieu Hospital

• Who Am I? Identity versus Role
  Confusion
  RESIDENT
  Dr. Shaimaa Abo-El Ella
  November 9
  Hotel Dieu Hospital

• Conversion Disorder in Children and
  Adolescents
  RESIDENT
  Dr. Taras Reshetukha
  FACULTY
  Dr. Nasreen Roberts
  November 16
  Hotel Dieu Hospital

• Process, not Content or Style: Can We Teach How to Think While
  Conducting a Psychiatric Interview
  FACULTY
  Dr. Eric Prost
  November 23
  Hotel Dieu Hospital

• Working with Anxiety
  GUEST
  Dr. Larry Klassen
  November 30
  Providence Care

• Coaches, Judges & Whistleblowers – Assessing Professionalism in Medical
  Education
  RESIDENT
  Dr. Nisha Wijeratne
  December 7
  Providence Care
Chief Residents

In an effort to streamline the orientation for the new residents, we have assembled an information package which contains a comprehensive written document, as well as a myriad of forms. It not only contains essential departmental or residency-specific information, but also hospital and city-specific tips. It has already been distributed to all the residents, and we hope that this information package, or an updated version thereof, will be made available for future residents. Feedback has been positive so far.

We continue to find collaborative solutions to call schedule and call coverage issues, taking example from our previous chiefs, Shaimaa Abo-El Ella and Ruby Sadera. We have continued their initiative of early call requests and proposing tentative schedules early on, in order to have time to troubleshoot these issues.

Our program continues to be flexible in terms of finding solutions to problems. We acknowledge that the AMION software did not meet our needs as a scheduling aid and our efforts to schedule calls during long weekends far in advance proved colossally burdensome. The paper-and-pencil approach is still the most reliable, as far as chief resident duties are concerned.

Academic

Dr. Margo Rivera and the Department have streamlined the psychotherapy program. Changes include standardization of psychotherapy modalities per year, and standardizing supportive psychotherapy education. Current PGY-2’s will start to reap the benefits of these changes. Dr. Rivera and the Department have also reviewed the psychotherapy logging requirements for residents, and are looking into ways to make the process less daunting and onerous.

Dr. Eric Prost, who is in charge of formal academic day scheduling, has made positive changes to the curriculum, notably guest lectures from the Departments of Cardiology, Neurology and Psychology.

Many important resident issues were brought to light at the recent residents retreat. Most notable were resident’s opinions about the academic curriculum, wanting a greater emphasis on core psychiatry topics, for instance.

Dave Murray has updated the proposed ER Psychiatry Handbook for 2012, with input from Dr. Susan Finch, the director of ER Psychiatry at Queen’s. This is circulated to all residents who are doing Psychiatry calls in the Department.

Social Life

Barinder Singh (PGY-3) has successfully led three initiatives these past two years, namely: a) the Psychiatry book club, which occurs monthly and is well attended by residents and faculty. It is highly democratic in spirit; b) the Secret Santa party; and c) the Queen’s Psychiatry blog.

Dr. Eric Prost continues to encourage resident participation in the newsletter, for example, by means of a literary contest for residents.

Some residents have also asked for changes to the residents retreat, wanting more leisure and group outings, and emphasized the need to have the entire day off.

We are proud to announce that Dave Murray (PGY-4), Taras Reshetukha (PGY-2) and Shelinderjit Dhaliwal (PGY-1) have had babies this year and they have each enjoyed some well-deserved time off. This has greatly expanded the already generous number of babies in our residency program. Mitra Monir Abbasi (PGY-3) and Selim Asmer (PGY-1), as our VP socials, have organized gifts and cards. We welcome Rupinder Johal (PGY-2) back from her maternity leave.

The Department movie nights continue to be well attended by residents, faculty and significant others. These occur bi-monthly and are generously hosted by our residency program director Dr. Ruzica Jokic, and occasionally by Dr. Alina Marin as well.

Dinners and potlucks at residents’ homes are also ongoing throughout the year.
Mandate

The mandate of the Research Committee is to foster a climate of research participation and collaboration within the Department and to provide opportunities for research training and support to enable the development of research interests among faculty and residents.

Overview

The Research Committee functions to facilitate, support, and advance research within the Department of Psychiatry.

In addition to assisting with the organization of the Annual Research Day, the committee is mandated to do the following:

- Further the promotion and development of research activities and research excellence within the Department
- Facilitate research infrastructure for individuals and for the Department
- Participate in ongoing review and implementation of the Department Research Plan
- Serve as a forum for the discussion of ideas, issues and opportunities concerning research within the faculty
- To oversee the development, maintenance and review of the Department Research Database
- Promote strategic planning for research activities in Divisions (short-term and long-term goals) consistent with the mission for the Department

Developments

In 2012, the committee introduced the Faculty Research Peer Mentoring group. The group meets once a month to discuss specific topics such as how to write an abstract, grant proposal or manuscript, or to get general feedback from the group on work in progress.

Attendance has been strong and we are looking forward to growing the group through 2013.

Resident Research and Peer Mentoring

2012 has been a strong year for our residents and their research programs. Several individuals have presented at CPA and APA as well as other national and international conferences. (See research section for list of ongoing research projects)

All of our residents from PGY-2 and upwards are actively engaged in research projects. Residents also participate in monthly research sessions on chosen topics followed by peer mentoring sessions.

Research Conference

The annual Department of Psychiatry Research Conference was held on Friday, June 1, 2012 at the Donald Gordon Centre in Kingston.

The day began with a welcome by Dr. Roumen Milev and was followed by presentations from Dr. Chris Bowie, Dr. Casi Cabrera, Dr. Nazanin Alavi, Dr. Leslie Flynn and Dr. Tariq Hassan.

The afternoon session commenced with the keynote lecture given by Dr. Simon Davidson. Dr. Davidson is currently the Regional Chief of the Specialized Psychiatric Mental Health Services for Children and Youth (Children’s Hospital of Eastern Ontario (CHEO)/Royal Ottawa Mental Health Centre (ROMHC)), Medical Director of the Mental Health Patient Service Unit at CHEO and Chief Strategic Planning Executive of the Ontario Centre of Excellence for Child and Youth Mental Health.
The afternoon session continued with presentations by Dr. Phil Burge, Mr. Michael Best, Dr. Dallas Seitz and Dr. Alina Marin.

Ten posters were presented during the designated poster session and during the breaks. Posters were judged during those times for the ‘best poster presentation’ award.

The Research Committee applied for, and received accreditation for the day. This educational event was an accredited “Section 1” learning activity, as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada. The annual research day provides the opportunity to present Department Members with special recognition and awards. (See awards section for recipients) Congratulations to all recipients!

The Research Task Force, with the invaluable assistance of Krista Robertson, Jo-Ann Black, Mary Andrews, and Marianne McGuire is responsible for the Annual Department of Psychiatry Research Conference.

**Mood and Anxiety Conference 2012**

On November 24, 2012, the 12th Annual Mood and Anxiety Disorder Conference was held at the Donald Gordon Centre in Kingston. The conference began with a welcome by Dr. Roumen Milev, followed by the first plenary session by Dr. Valerie Taylor from the University of Toronto, who spoke about Depression in women across the life cycle: Biological Correlates and Clinical Implications.

During the second session, Dr. Jitender Sareen, from the University of Manitoba, spoke about assessment and treatment of anxiety disorders. Following a coffee break, there were eight workshops and a lunch time poster session. The day concluded with Dr. Anne Duffy from the University of Calgary discussing trajectories into Bipolar Disorder and ADHD in Youth and closing remarks by Dr. Ruzica Jokic, thanking everyone for their presentations and attendance.

**Healthy Minds Canada Mental Health Symposium**

Once again, the Department participated in the Open Minds across Canada Mental Health Symposia on October 1, 2012.

The Open Minds across Canada Mental Health Symposia are knowledge exchange events that aim to promote mental health research conduction across Canada and to promote the need for mental health research funding.

Ms. Laura Wright, Dr. Christopher Bowie and Dr. Julie Blais gave talks on child and adolescent mental health issues and the perspective of parents and parenting children with ADHD.

The symposia are open to the general public and admission is free. The national coordination occurs through Healthy Minds Canada (formally the Canadian Psychiatric Research Foundation) and funding for the events is provided by CIHR and the Ontario Trillium Foundation.

**Research**

In 2010, the Department introduced a $5,000 internal ‘Research Facilitation Grant’ available to members to assist with all aspects of their research programs. Eight projects were funded in 2011, and the amount for 2012 had been increased to $10,000.

As in previous years, there were more requests than could be funded, however, ten individuals did receive funding for their projects and we hope to increase the amount available for 2013.
The journal is published twice per year and is distributed to the mental health community as well as other medical and academic groups in Kingston and further afield.

In 2012, we continued to attract respected authors from Canada, the US, and the UK, as well as local authors from our department. Highlights of this past year include one of our original pieces being chosen to be republished in the prestigious Queen's Quarterly. Also, we printed what was likely Thomas Szasz's last published work—a original piece he wrote for Synergy before he died in September 2012 at the age of 92.

At the end of 2012, we inaugurated Synergy's first essay contest, the winners of which will be published in the spring 2013 edition. Residents and medical students are invited to submit essays. The print run continues to be 1000 copies per edition, although the e-readership is larger.
Mandate

The main purpose of the Financial Affairs Committee is to provide accurate financial information to the Department Head and Council. This increases transparency of decision making and maintains the principles of equity and fairness.

Overview

The Financial Affairs Committee monitors the financial affairs of the Department of Psychiatry and the Practice Plan. The Committee provides guidance and approval for program budgets and allocation of resources. It advises the Head of the Department and Council on financial matters. It is also a forum for members of the Department to have input into the financial matters of the Department.

In addition to giving direction with regards to financial matters, the Finance Committee also oversees the management of the Practice Plan to fulfill the requirements as specified by SEAMO.

Developments

In 2012, the Department of Psychiatry Finance Committee and the Practice Plan Finance Committee merged into one: the Financial Affairs Committee.

The Practice Plan has continued to grow. More contracts are being developed with external agencies. It has become the paymaster for many contracted psychiatrists and the psychiatric stipends. The Practice Plan members have elected to form a General Partnership which will be implemented in 2013.

We continue to strive for equity among members of the Department and the Practice Plan. Two full years of financial data has helped increase minimum target incomes each year and reduce inequities.

Education

The Chair, Financial Administrator and members of the Committee make presentations at Departmental Retreats and Practice Plan meetings.
Mandate

The Adult Division (acute) provides acute adult psychiatric services for Kingston and the Southeastern Ontario region. The purpose of the division is to provide excellence in acute clinical psychiatric services, medical education and academic development grounded in a collaborative care model.

Overview

The acute care services of the Adult Division of Psychiatry is perhaps the hub of mental health services for Kingston and the surrounding region, interacting and liaising closely with all other components of the mental health services. In 2012, the acute care services of the Adult Division were comprised of 4 main programs: emergency psychiatry, acute inpatient services, consultation/liaison psychiatry and acute outpatient services.

Emergency Psychiatry

Five staff psychiatrists each cover KGH ED and HDH urgent care centre one day a week and RAPAS (rapid access psychiatry assessment service). After hours and weekend coverage is on a rota for psychiatrists and medical learners.

Two Mental Health social workers and a FCMHAS crisis worker work closely with emergency psychiatry to create an interprofessional team with community partnership. An active teaching rotation in emergency psychiatry is available to junior and senior psychiatry residents, emergency medicine and family medicine residents and clinical clerks. Emergency psychiatry teaching rounds take place on a weekly basis.

In 2012, the RAPAS clinic has shifted to a SW intake process. The Emergency Psychiatry team works very closely with Emergency Medicine leading to a number of initiatives including: development of a medical clearance protocol, implementation of a safety protocol, and education of nursing staff. There has also been collaboration and advocacy for care of the elderly presenting with delirium and dementia in the ED and hospital.

Inpatient Psychiatry

Burr 4 inpatient ward a KGH is comprised of a 7 bed intense observation area, 2 short stay beds, and a 28 bed ward with 2 over capacity beds for a total of 37 beds, or at over capacity, 39 beds. The ward generally runs at over 100% capacity. The ward is staffed by a multi-disciplinary team including 5 psychiatrists, with access to consultation by geriatric psychiatry and developmental disabilities. Many learners complete rotations on Burr 4. There has been more implementation of groups on the ward, and active development of the PGY 2 core rotation to include teaching rounds three times weekly and group experience. Senior residents have completed rotations on the ward as junior colleagues. There is active liaison with community mental health services, including participation of FCMHAS workers in multidisciplinary rounds. Dr. Michele Boyd has been kindly providing psychiatry vacation coverage.

We have recruited a family physician to the ward that is invaluable in dealing with medical co-morbidities of Burr 4 patients.

In 2012, an external review and concurrent review of the ward were conducted. According to recommendations, there has been implementation of an interprofessional collaborative care model, and a hospital letter to the LHIN has been prepared to advocate for increased staffing. A proposal for a transitional intensive treatment program has been drafted and is under review. KGH had accreditation this year, and mental health program got positive feedback.
Outpatient Psychiatry

Acute outpatient service is a very active, busy program that receives over 180 intake referrals per month. The outpatient services are comprised of general psychiatry and a number of sub-specialty clinics. The sub-specialty clinics include: addiction psychiatry, mental health and the law, anxiety disorders, ADHD/bipolar disorder research clinic, reproductive psychiatry, shared care, and 2 programs which are externally funded: eating disorders and early intervention in psychosis. Members of the multi-disciplinary team run various therapy groups including a number of CBT-based groups and relaxation training.

Members of the division provide local outreach to such agencies as: Street Health Centre, Options for Change, Queen’s Family Health Team, Maple Family Health Team, Lennox and Addington Community Mental Health Services. Again, many learners at all levels of education complete rotations in acute outpatient services. There has been further development of the PGY 2 core rotation experience to consistently include participation in group therapies.

HDH had accreditation this year and the Mental Health Program came out favourably.

Consultation/Liaison Psychiatry

Consultation-Liaison Psychiatry is responsible for delivering psychiatric services to adult inpatients of the Kingston General Hospital who manifest psychiatric symptoms as a result of, or in addition to, their medical issues. Consultation-Liaison Psychiatry also provides outpatient psychiatric services at HDH to those patients that have both medical and psychiatric conditions. Consultation-Liaison Psychiatry is involved in the Ontario Telemedicine Network providing weekly Telepsychiatry Services via videoconferencing to patients residing in the James Bay Communities and works in close conjunction with the physicians and nursing staff at the Weeneebayko General Hospital. In addition to providing clinical consultations within KGH, the team promotes active communication between the Department of Psychiatry and various Specialty Medical Services at the Kingston General Hospital, Hotel Dieu Hospital and St. Mary’s of the Lake Hospitals. Particularly close ties are maintained with Cardiology, Respirology, Gastroenterology, Rheumatology, HIV Clinic, OB/GYN, Neurology, Endocrinology and Acquired Brain Injury Services.

In July 2012, Dr. Aws Khawsaneh completed a clinical fellowship in CL psychiatry and Dr. Adnan Mufti commenced his clinical fellowship. The CL team facilitates bi-weekly teaching rounds and weekly geriatric psychiatry teaching rounds.

A CL psychiatry survey was circulated to the physicians at KGH and we received helpful input. Plans have been developed to implement changes for 2013 including improved liaison and communication, a move towards increased accessibility to psychiatric consultation, etc.
Developments

• Dr. Nadeem Mazhar has taken the position of Chair of the Departmental Quality Assurance Committee
• Dr. Tim Holden and Melanie Higley, GFT secretary left the division this year, and Dr. Kola Oyewumi retired. We would like to thank them all for their service to the division.
• Dr. Susan Finch has taken the position of Program Medical Director for KGH and HDH
• Dr. Leslie Flynn has taken the position of Interim Vice Dean, Health Sciences Education, Queen’s University
• Dr. Nadeem Mazhar has completed his American Board of Addiction Medicine certification exams in 2012
• Divisional Members organized, hosted and presented the annual conference on Early Intervention in Psychosis, special thanks to Dr. Kola Oyewumi
• Divisional Members organized, hosted and presented at the first ADHD conference, special thanks to Dr. Alina Marin
• Dr. Alina Marin and Dr. Duncan Scott continue to provide accredited knowledge translation sessions for Family Physicians
• Dr. Nadeem Mazhar and Dr. Susan Finch participated in LEAD training for police and MH professional in Frontenac and Lennox and Addington Counties
• An external review of the Mental Health Program at KGH was conducted by a team from London Health Sciences Centre, and recommendations are being followed through on
• A CL satisfaction survey was distributed leading to helpful feedback and plans for development in 2013
• Dr. Eric Prost is the editor of Synergy and has developed the journal, recruiting international writers and launching a provincial essay contest
• Development of elder care task force focused on skill development, environmental adaptations and patient flow

Education

All members of the Adult Division of Psychiatry (acute) are actively involved in teaching and education at an undergraduate, postgraduate and professional development level. Members of the division actively supervise learners, provide case-based teaching rounds, provide resident seminars, provide psychotherapy supervision, act as examiners for mock exams, etc. Divisional members are also involved in teaching medical students in seminars, problem-based learning, clinical skills and mentoring. Off service residents, particularly Family Medicine and Emergency Medicine residents also complete rotations in the adult division.

Clinical clerk medical students rotate regularly through many of the rotations of the adult division. There are usually 2 clerks placed on emergency psychiatry, 1 on CL Psychiatry, 2 on inpatients and 1-2 in outpatients, usually EIP. In total, we are usually supervision 6-7 clinical clerks in rotations at any given time. In addition, we participate in “psychiatry boot camp” for clinical clerks and observerships.
Mandate

To provide specialized assessment, treatment and rehabilitation to adults with schizophrenia, mood disorders, personality disorders and dual diagnosis.

Overview

INPATIENT SERVICES

Adult Treatment and Rehabilitation Services

Inpatient Program:

The program has four inpatient units. Two units focus on inpatient assessment, diagnosis and stabilization for individuals who present with complex or rare illnesses and the other two have a rehabilitation focus and are dedicated to discharge planning and facilitating the transition to community living. Individuals served often present with a primary psychiatric diagnosis and concurrent developmental delay, addiction, acquired brain injury or other diagnosis that increase the complexity of the care required.

OUTPATIENT SERVICES

Schizophrenia/Rehabilitation Outpatient Services:

The majority of the Kingston-based outpatient services associated with the Schizophrenia/Rehabilitation Service is co-located at 525 and 533 Montreal Street. This site is easily accessible to clients, many of whom live nearby. The interdependence of the services at 525 Montreal Street enhances care and promotes efficient use of resources. These programs include:

- Community Integration ACT Team
- Psychosocial Rehabilitation ACT Team
- Community Outreach Team
- Vocational Rehabilitation Services
- Voices, Opportunities and Choices Employment Club (not-for-profit, incorporated affirmative business)
- Community Connections Recovery Program
- Community High Intensity Treatment Team (which is located at Mental Health Services site)
Mood Disorders Research and Treatment Services:
- Outpatient Clinic
- Group Programs
- Outreach Team
- Northern Frontenac Rural Outreach Program
- Electroconvulsive Therapy and TMS Treatment

Personality Disorders Outpatient Services:
- Chrysalis Day Program
- Managing Powerful Emotions
- Individual Follow-up
- Outreach and Consultation
- Education

The ATR program is a leader in mental health program integration and accessibility. ATR works in collaboration with a number of community/regional agencies to enhance resources available to clients. One example of a successful partnership is ATR’s continued relationship with Lennox and Addington Community Mental Health & Addiction Services, with whom Providence Care has a memorandum of understanding to provide Community High Intensity Treatment Team (CHITT) and Assertive Community Treatment (ACT) services. Through this agreement, L&A has made four supported living units (apartments) available to Providence Care ATR inpatients who are ready to transition back to their home community.

Developments

In January 2010, the Mood Disorders Research and Treatment Outpatient Service received $150,000 from Scotia Bank to help expand the community team’s outreach support in the Lennox & Addington and Hastings counties. In 2012, we moved forward with recruitment and enhancement of Outreach Services.

Improved partnerships and communication between clinical team members, through the successful “Partnerships That Work” conference and collaboration with Queen’s University’s Office of Interprofessional Practice on a research project focused on timely communication.

Construction has been completed on a multisensory Snoezelen room to better serve the dually diagnosed clients. The room is located on Ward 15.

ATR’s Schizophrenia Rehabilitation Service was selected to participate in a two day quality improvement initiative on Medication Administration Improvement, sponsored by Janssen Pharmaceuticals. Members from both ACT teams and the CHITT teams focused on all stages of medication management from procuring the prescription to administering the medication.

Larry Davidson, PhD, Professor and Director, Program for Recovery and Community Health, Department of Psychiatry, School of Medicine, Yale University, provided us with an opportunity to share his experience and research related to providing recovery oriented practice.

Staff from ATR are actively involved in the planning for the new hospital. Delegates continue to look at every aspect of the hospital and how we can best provide care and services to our clients in a new physical surrounding.

An ongoing partnership with Frontenac Community Mental Health and Addiction Services and ATR is cooperatively looking at ways to transition clients back into the community successfully. The goal of this partnership is to transition 24-28 long-stay inpatients to community living as well as developing a long-term plan for transitioning future inpatients into the community.

In November, Providence Care participated in a very successful accreditation survey. Staff will continue to work towards maintaining and improving upon the current high standards.
In November 2012, Ward 13’s door locks were changed such that the door could remain either locked or unlocked based on the needs of the clients on the ward. This is in keeping with a move towards more recovery-modeled and person-centered care.

Recruitment

Dr. Abdelmotaal joined ATR as a Psychiatrist providing care to clients on Ward 13.

Education

Physicians in ATR are actively involved in many aspects of education.

SUPERVISION OF CLINICAL CLERKS - Dr. Cabrera, Dr. Feakins, Dr. Jokic, Dr. Millson, Dr. O’Brien

SUPERVISION OF RESIDENTS - Dr. Abdelmotaal, Dr. Cabrera, Dr. Feakins, Dr. Goff, Dr. Jokic, Dr. Kolar, Dr. Millson, Dr. O’Brien. Dr. Margo Rivera, PhD, also supervised 2 residents in 2012

OBSERVERSHIPS - Samuel Yoon, Undergraduate Psychology student, supervised by Dr. Ruzica Jokic

CLINICAL FELLOWS - Dr. Abdul Al-Rowaished supervised by Dr. Ruzica Jokic

Department of Psychiatry Teaching

Dr. Ruzica Jokic is the Director of Postgraduate Education for the Department of Psychiatry at Queen’s University. In that role, she oversees the Psychiatry postgraduate program. Dr. Jokic received the Mentorship Award from the Department of Psychiatry in 2012.

The following physicians from ATR participated in Department of Psychiatry Resident/Clerkship Teaching: Dr. Ruzica Jokic, Dr. Casi Cabrera, Dr. Martin Feakins, Dr. Stephen McNevin, Dr. Simon O’Brien and Dr. Richard Millson.

Other Teaching/Supervision

Dr. Stephen McNevin

- Throughout 2012, Dr. McNevin participated in the training of Nursing students at ECT, Psychology undergrads, graduate students, BST students, as well as second year medical students doing observerships at the Personality Disorder Service. As well, senior Family Medicine Residents completed a rotation at the Personality Disorder Service.

Dr. Dusan Kolar

- MSc Thesis Advisory Committee Meeting (Helen Lee), March 12, 2012
- CNS Advisory Committee Meeting (Ashley Beaudoin), April 3, 2012.

Dr. Ruzica Jokic


Dr. Martin Feakins

- Medication Administration course for new members of the ACT teams
- Freud lecture for the Queen’s Psychiatry Interest Group (QPIG)

Other

Dr. Stephen McNevin is helping to develop a Department of Psychiatry Division of Student Mental Health and a specialty clinic for Health Sciences students/medical trainees.

Dr. McNevin is also a CPSO appointed clinical supervisor.
Mandate

To provide timely access to optimal evidence based psychiatric assessment and care for children, adolescents and their families. To achieve this work collaboratively with primary care physicians, Paediatricians, CMHA and schools to ensure comprehensive interprofessional care. We are committed to leadership in psychoeducation of our patients, families and our community partners.

Overview

The Division provides an evidence-based, multi-disciplinary assessment and intervention for a wide spectrum of psychiatric disorders.

Ambulatory Clinics:
- Mood and Anxiety Clinic
- Neuro-psychiatric Clinic
- Pervasive Developmental Disorders Clinic
- Community based classroom supported by PDD team
- Eating Disorders Clinic
- Urgent Consult Clinic

Treatment and Interventions
- Assessment and treatment are based on best practice guidelines. Interventions include:
  - CBT: Individual and/or groups
  - Behaviour Therapy: individual and/or groups
  - Solution focused Family Therapy
  - Parent Groups for Children with disruptive disorders and anxiety disorders
  - Distress tolerance group

Inpatient Unit

This 8-bed diagnostic assessment and treatment unit is located at the Kingston General Hospital. The average length of stay is 5 days.

Developments
- Established training program for primary care physicians for treating common child psychiatric disorders
- Established outreach clinic to Hastings Prince Edward county
- Chosen as site for TRAM initiative and research (national network for transformation)
- Joined the Regional Service Collaborative
- SELHIN funded a full-time Urgent Consult Clinic with brief intervention
- Recruited 1 psychiatrist to fill the 5th position
- SEAMO funding for 1 additional child psychiatrist
Mandate

The Division of Developmental Disabilities is an interprofessional academic program concerned with clinical service, teaching and research in the field of developmental disabilities and autism spectrum disorders across the southeastern region of Ontario.

We are committed to improving the quality of life for individuals with dual diagnosis (i.e. developmental disabilities and/or autism spectrum disorders and mental health problems) through the provision of interdisciplinary clinical service and consultation with community partners. This includes leadership in teaching current and future healthcare professionals, education and training for care providers and collaborative research.

Overview

Division members provide comprehensive clinical services across Southeastern Ontario through the Developmental Disabilities Consulting Program (DDCP). Housed at Ongwanada, this interprofessional team offers multidisciplinary and discipline-specific “outreach” clinics beyond Kingston Frontenac Lennox and Addington to ensure that the small communities and rural areas across Southeastern Ontario (i.e. Hastings, Prince Edward and Lanark Leeds Grenville) can also receive professional services as needed. Clinics are “collaborative and consultative” with care providers and thereby supportive of community advocacy with local practitioners and agencies across the region.

INTERPROFESSIONAL AND UNIPROFESSIONAL OUTPATIENT CLINICS (CHILD AND ADULT)

- Transitional Aged Youth Dual Diagnosis Clinic (regional)
- Autism Assessment Clinics (regional)
- Sensory Assessment Clinics (regional)
- Forensic and ASD Psychology Clinic (Providence Care Dual Diagnosis Consultation Clinic, regional)
- Autism Clinic (Kerry’s Place Autism Services, Belleville)
- Adult Psychiatry Dual Diagnosis Clinic (Ongwanada, Kingston)
- Dual Diagnosis Treatment Home Psychiatry Clinic (Ongwanada, Kingston)
- Dual Diagnosis Clinic (Developmental Services Leeds and Grenville, Brockville)
- Children’s Treatment Home (Rainbow Valley, Sharbot Lake)
- Forensic DD Clinic (Christian Horizons, Gananoque)
- Challenging Behaviour Clinic (Community Living, Kingston)
- CAS Children’s DD Clinic (Belleville)
- Dual Diagnosis Clinic (Pathways to Independence, Belleville)
- Family Therapy Clinic (DDCP, Kingston)

Developments

Funding Achievements

- Secured fee-for-service contracts for interprofessional and uni-professional community consultation clinics involving psychiatry, psychology, occupational therapy and social work
- Established ABA Behaviour Therapy clinic for individuals with ASD: BST Mediator Model
- Developed Sensory Intervention OT Program for individuals with ASD: Evaluation of Temple Grandin’s ‘squeeze’ machine
- Established funding agreement for MCSS eligibility assessments through Developmental Services Ontario (DSO)
- Established funding agreement for CAS psychological assessments e.g. psychoed and ASD
- Secured service contract for MCSS forensic psychological services i.e. DD assessment/treatment
- Established consultation services for MCSS Behavioural Support Plan legislative changes
Program Achievements

• Recruited Laura Best, PhD, for psychological fee for service contract
• Recruited Alexis Rischke, RSW, for social work fee for service contract
• Retained Patricia Minnes, PhD, for psychological fee for service contract
• Retained Arlene Healey, program assistant, for educational initiatives and training contracts
• Actively recruiting psychiatry for Division Head and fee for service community clinics
• Affiliation with Department of Family Medicine for collaborative teaching initiative, Dr. Casson and Dr. Grier

Education

Teaching Activities

In addition to departmental appointments, Division members have responsibilities in their discipline specific departments or school including undergraduate and postgraduate teaching. This arrangement allows for knowledge dissemination and cross-fertilization of ideas in the field of dual diagnosis and autism spectrum disorders. Students from different disciplines gain clinical experience with developmental disabilities and also benefit from working and learning within a collaborative, patient-centered healthcare team. The following teaching and educational initiatives were delivered in 2012.

Interprofessional Teaching Activities

In addition to clinical training, the DDCP faculty is also involved in modeling and promoting an interprofessional education and practice model. In these activities there is an active and overt effort to have “clinicians from different professions” teach “students from different professions” so that interprofessional collaboration can inherent in the learning process. Even when teaching activities are specifically directed to a single discipline of students, the course material is jointly delivered by DDCP team members so as to model interprofessional teaching and practice.

1 FACS HEALTH SCIENCES/ARTS: INTERPROFESSIONAL INTELLECTUAL DISABILITIES EDUCATION DAY
This year 405 students from Medicine (2nd year), Occupational Therapy (1st year), Physiotherapy (1st year) and Psychology (PhD) participated; in addition, 52 hosts with intellectual disabilities and their advocates attended ‘hosts’.

2 FACULTY OF HEALTH SCIENCES: INTERPROFESSIONAL CONCISE COURSE IN DUAL DIAGNOSIS
This year’s Concise Course was held June 4-7, 2012 for a group of 11 students including psychiatry residents, psychology residents, social work students, family medicine residents and behavior therapists.

3 SCHOOL OF MEDICINE: PSYCHIATRY CLINICAL CLERKSHIP: ADVANCED INTERVIEWING SKILLS
This year, seminars were conducted every 6-weeks for clinical clerks assigned to psychiatry rotations in the city of Kingston reaching approximately 54 students

4 SCHOOL OF MEDICINE: SECOND YEARUME: INTERVIEWING SKILLS FOR PATIENTS WITH COMMUNICATION IMPAIRMENTS
In 2012, this new seminar was offered to build upon learning objectives provided in the IDE day and to promote skill application to a wider patient population

5 PSYCHIATRY RESIDENT TRAINING: DUAL DIAGNOSIS AND CONTACT IN THE ER
In 2012, this new seminar was offered to provide exposure to salient issues when working with individuals with dual diagnosis, in particular clinical issues in the ER
Vision Statement

The Ontario forensic system will provide comprehensive integrated mental health services to forensic clients and specialized psychiatric services for adults in the criminal justice system.

Mission Statement

The Ontario Forensic Mental Health System will provide inpatient and outpatient services as part of a comprehensive integrated forensic mental health system that serves forensic clients and the criminal justice system.

Developments

- Forensic Services Program Retreat, February 2012
- Forensic Retreat Follow-up (ongoing)
- Eastern Ontario Summer Institute Program
- At Risk Program
- Mental Health and the Law Clinic
- SAQ – A Comparison of Risk/Need Measures in a Sample of Forensic Patients
- Forensic Program Committee
- Illness Management Recovery Program
- Dual Diagnosis Program
- Emergency Restraint Task Force
- Forensic External Review
- Forensic Task Force
- Development of Grading Risk of Inpatient Threat (GRIT)
- New LHINs funding for forensic outpatient services and telepsychiatry

Present Issues

- Potential dilution of forensic budgets or services with future hospital reorganizations or hospital wide budge redirections
- Continued growth of the forensic population of 5% per year and potential implications
- Continued pressure from the courts for assessments beds and use of “forthwith” orders
- Process for scheduling ORB hearings places more responsibility on the hospital to comply with section 672.5 (5) of the Criminal Code of Canada, Notice of hearing
- Forensic Task Force, extensive review and addressing the recommendations of the external review report
- Grading Risk of Inpatient Threat (GRIT) Development and training
- AWOL client since June 2012

Education

- Navigating Clients with Mental Illness through the MH System: Forensic and Civil Admissions, EOSI (ongoing)
- Mental Health and the Law, A Cross Disciplinary Approach (Niagara Falls, September 2010)
- Limestone District School Board, Introduction to Mental Health
- CArMS
- ASIST training
- NCVI
- Grading Risk of Inpatient Threat (GRIT)

The major areas of education offered in the past year have been the SBAR communication tool, Metabolic Syndrome and Diabetes, best Practice for IM injections, Tb and Mantoux training, Med Reconciliation, Dual Diagnosis videoconferences and training, Least Restraint training, reviews of Suicide Assessment Tool, Mental Status examination and tool to prepare for GRIT education, Community Treatment Orders, and the Enhancing Our Relationships course. Training was done with new equipment; the Bladder Scanner, the suction machine, and the BP tower.
Mandate

The Division of Geriatric Psychiatry and Behavioural Health at Queen’s are dedicated to improve the quality of life and decrease the burden of illness of older individuals at risk or with mental health, dementia and responsive behaviours and their caregivers.

We will achieve this through the development, dissemination and delivery of new knowledge developed and delivered within the context of a person and caregiver-directed approach.

We believe an approach that celebrates our staff’s contribution and maximized their contributions through their activities and relationships within our Program.

We seek and continue to identify and apply new ways and new thinking that is drawn from evidence from three areas: (1) lived experience; (2) practice-based evidence; and (3) traditional clinical and epidemiological research.

Overview

The clinical and academic regional Geriatric Psychiatry and Behavioural Service and Division is a region-wide specialty care resource, which provides specialty services, supports, academic leadership and continued quality improvement and capacity enhancement at: (1) the point of care; (2) with partner providers; and (3) with health care and academic networks.

The Program/Division is continuously aligning itself with and developing promising and best practices and principles and developments in research, policy and practice that are relevant to older individuals with complex health challenges with associated mental health, cognitive and behavioural challenges.

The Program and Division, specifically, is aligning itself with the concepts, principles and practice outlined by Behavioural Supports Ontario, the Mental Health and Addictions’ Ten-Year Plan, Health links in primary care, Senior friendly hospital, LTC reform, and related policy activities and practice priorities.
defined at the Provincial, National and International level, including those of the Mental Health Commission of Canada Seniors’ Advisory Group and the Minister’s Action Plan, Senior Health Plan (Sinha).

Our services this year have undergone a major transformational change guided by the Behavioural Supports Ontario principle-based best practice framework which supports person-and caregiver-directed care, within an integrated, preventative service delivery system. The major redesign is consistent with the growing population we service, “Older adults at risk or with complex health care challenges over time with associated mental health addictions, cognitive and behavioural challenges.

The Behavioural Supports Ontario outcome provides a vehicle for innovation and change ignited by utilization of knowledge exchange and implementation science to achieve a person-centred health care redesign achieved through service improvement, system structure realignments and Knowledgeable Health Care Teams.

Developments

Leading Service Change in South Eastern Ontario

The Ministry of Health and Long-Term Care of Ontario recently invested over $43 million province-wide for the development of our population. This funding was seen as a catalyst for change to shift the present health care system so that it was more supportive of people with chronic illness and responsive behaviours.

The South East Ontario LHIN initially, through their clinical service roadmap initiative, and then the province, identified our Service and Division as a Provincial Early Leader and designated us as one of four LHIN’s in the province to lead innovation and development as an Early Adopter for transformational change.

This designation provided a challenge to our LHIN, Providence Care, the Division and the Program to lead change in development, capture and disseminate new knowledge and develop products algorithm processes and tools, both locally and province-wide.

This was supported by $950,000 innovative Early Adopter fund and $100,000 development fund from the South East Ontario LHIN and over $2 million in annual funding that has been targeted to the development of a 24/7 program access service “BSO Connect”, unique in the Province, a new Mobile Resource Team (MRT) in each district and new care managers for primary and integrated care.

Service Volumes

Our volumes in the Geriatric Psychiatry and Behavioural Health Services have exponentially increased over the past decade and specifically in recent years. The expanding need, population, increased understanding and awareness of the burden of this population and the effects on health care overall have been recognized.

It is also recognized, given this increased demand, utility of the service, that the present method and approach is unsustainable in the long run. This has been recognized by the Province with the endorsement that a new way of thinking and doing things is required which has been captured within the Behavioural Supports Ontario framework with increasing focus on:

• Prevention, self-management, peer support and early detection;
• Integrated service delivery models;
• Specialty services as a resource;
• Enhanced support for use of knowledge in:
  • Person-centred care;
  • Service learning;
  • Improvement science;
  • Knowledge exchange science
These trends and directions are reflected in changes in the Division and Geriatric Psychiatry and Behavioural Health Service.

**Unprecedented increased Service Volumes and Shift to Integrated Care**

The service volumes and demands on our traditional service have continued. However, over the past year, unprecedented increases have occurred due to the augmentation of the Behavioural health resources and services and focused on the LTC sector (HPE) within the system with initial enhanced support and development in the community and hospital services.

There has been a Provincial reorganization that specialty services provide integrated care, collaborative care and shared care and enhance their activity in capacity and continued service and system improvement. These functions have been reflected in provincially agreed indicators and activity measures in “capacity development” activity and “service improvement” using quality improvement tools and science.

**Research/Scholarly Activities and Priority Areas**

We have embraced a broad definition of scholarly activity that recognized the importance of the reflective practitioner and critical appraisal as foundational to our activities. In addition, activities that involve quality improvement and Knowledge Exchange are essential components of scholarship. We have within our Division and Service four major focuses of research:

- Applied clinical research (focused on assessment instruments, development and utilization)
- Health service and educational research
- Knowledge Translation and Exchange, and Quality Improvement
- Psychopharmacology (clinical trials)

**Education**

The Division and Program has extensive involvement in learning and development both in the pre-licensure and post-licensure educational areas.

Innovative curriculum development, design and demonstrated learning and development workshops have included areas this year of:

- Collaborative Care at the Team level;
- Risk and quality improvement; a primary for psychiatric residents; and
- The initial development of a new approach to education fro problem-based learning to person-centred, team-based service learning

In addition, as Geropsychiatry has now been formally accepted as a subspecialty in the field of Psychiatry, Dr. Melissa Andrew has been identified and is performing a significant National, Provincial and local leadership role in the development and implementation of the Geropsychiatry new subspecialty.

Personnel have also been involved in direct learning in medicine, including anaesthesia, orthopaedics, family medicine, geriatric medicine, and neurology, nursing, rehab, sciences and psychology, among others.

The use of knowledge exchange venues at Knowledge Translation platforms as increased over the last year as a fundamental part of educational learning both at the pre- and post-licensure levels.
Mandate

Design, development and implementation of interprofessional and client-centred education that will influence collaborative mental health and addictions care excellence.

Mission Statement

Mental health and addictions care is optimally provided when the person and caregiver are full partners in their care and acknowledging that one discipline can not facilitate care and healing completely.

Overview

The Collaborative Care Program has evolved out of the Interprofessional Collaborative Care Model Task Force. In 2011-2012, the Collaborative Care Program successfully:

- Implemented a Quality Improvement education half-day with another planned for the future
- Implemented Interprofessional Education half-day workshop for residents focusing on the resident within the interprofessional team
- Implemented organizational survey of the interprofessional structure in the divisions of Queen's University, Department of Psychiatry
- Facilitated webinars that are broadcast over the internet and telephone between 1200 – 1300 hours, so that various professionals can participate during lunch breaks. In 2011, we had a series of Child Psychiatry webinars, and in 2012, we held a series of Geriatric webinars. These webinars are very popular and well attended
- Promoted and supported regional education, collaboration and knowledge translation by using webinar technology
- Influenced and strengthened relationships with practitioners within the:
  - Department of Psychiatry
  - Primary Care Organizations
  - Community Organizations
  - Faculty of Health Sciences

Developments

The Collaborative Care Program has focused on the following:

- The Interprofessional Collaborative Mental Health and Addictions Care Curriculum. The competency-based curriculum immerses the professional into an interprofessional situation with a focus on collaborative mental health and addictions at the point of care for the person and family, individual and team, community and intersectoral systems. The curriculum has been designed for psychiatric residents with an interest in collaborative mental health and addictions care. Other disciplines can adapt the curriculum to fit their respective roles in collaborative mental health care.
The curriculum was developed using the following frameworks: the CanMEDS Competency Framework, the Model for Interprofessional Curriculum Development, the National Interprofessional Competency Framework and the Expanded Chronic Disease Model.

Interprofessional care is needed to improve communication and collaboration (MOHLTC, 2007). An effective, integrated health care system supports the ideas that:

- Individuals and their families are members of the care giving team
- Individuals will be confident in the care giving team’s ability to take care of their health care needs
- Health caregivers will effectively collaborate and communicate
- Health care organizations will embrace interprofessional care
- Policies and funding models will support interprofessional care

• The Clinical Teaching Unit (CTU) collaborative care network in Southeastern Ontario. Developing the CTU included the implementation of an interactive continuing education series for regional practitioners at the point of care using webinars (Adobe Connect). There have been a wide range of topics and with each webinar there are an increasing number of participants. This may be indicative that the education series is valued by disciplines providing mental health and addictions care. Using this technology to deliver education is cost effective. The last webinar had over 90 participants.

• Building and/or strengthening of relationships at the point of care, community and system levels. An education advisory network has been established to guide and provide feedback to the Collaborative Care Committee. Membership includes all disciplines engaged in mental health and addictions care locally and regionally. As well, external collaborators from McMaster University and Dalhousie University

• The Collaborative Care Program website “Collaborative Care” is on the Department of Psychiatry website. And all webinar presentations are posted.

Future Priorities

• The Collaborative Care Program members will continue to facilitate interprofessional learning activities through webinars and webinar strategies
• Upgrade webinar technology
• Enhance the residency program in collaborative care
• Continue to revise and update concepts and curriculum for collaborative care for the department
• Design and implement Interprofessional Education Half-Day workshops for residents
• Continue to revise and update the design and implement Quality Improvement seminars for residents
• Completion of the organizational and environmental scan. Interprofessional document for future directions in interdisciplinary structures, processes and outcomes for the department to be submitted in 2013 to Department of Psychiatry Council, and other relevant bodies for review and implementation
• Develop collaborative care network (regional and national)
Office of the Head
Dr. Roumen Milev  
Department Head  

Dr. Leslie Flynn  
(December 2012 – Present)  
Deputy Head, Academic  

Dr. Sarosh Khalid-Khan  
(December 2012 – Present)  
Deputy Head, Academic  

Dr. Susan Finch  
Deputy Head, Clinical, Adult Psychiatry  

Dr. Simon O’Brien  
Deputy Head, Providence Care Mental Health Services  

Dr. Nasreen Roberts  
Deputy Head, Clinical, Child and Adolescent Psychiatry  

Ms. Marianne McGuire  
Executive Assistant  

Ms. Jo-Ann Black  
Administrative Assistant  

Ms. Kathi Robitaille  
Secretary, MHS Department of Psychiatry  

Ms. Mary Turner  
Secretary, MHS Department of Psychiatry  

Financial Affairs  
Dr. Deborah Elliott  
Chair, Financial Affairs Committee  

Ms. Jody Burn, Financial Administrator  

Research  
Dr. Dianne Groll  
Director, Research  

Ms. Reza Hasselaar  
Academic Research Assistant  

MLOA Replacement  

Ms. Krista Robertson  
Academic Research Assistant  

(MLOA until September 2012)  

Education  
Dr. Ruzica Jokic  
Director of Postgraduate Education  

Dr. Renee Fitzpatrick  
Director of Undergraduate Education  

(Psychiatry)  

Ms. Sharon Thompson  
Educational Program Assistant  

Continuing Medical Education  
Dr. Carolyn Woogh  
Director of Continuing Medical Education  

Chief Residents  
Dr. Shaimaa Abo-El Ella and Dr. Ruby Sadera  

Dr. Antonina Stakheiko and Dr. Nam Doan  

Divisional Chairs and Support Staff  

ADULT PSYCHIATRY:  
Dr. Simon O’Brien  
Ms. Carol Burtch  

Dr. Susan Finch  
Ms. Melanie Higley  

CHILD AND ADOLESCENT PSYCHIATRY  
Dr. Nasreen Roberts  
Ms. Sue Vlahakis  

DEVELOPMENTAL DISABILITIES  
Dr. Jessica Jones  
Ms. Maureen Perrin  

FORENSIC PSYCHIATRY  
Dr. Duncan Scott  
Ms. Chantel Thompson  

GERIATRIC PSYCHIATRY  
Dr. Ken Le Clair  
Ms. Michelle Albert  

COLLABORATIVE CARE PROGRAM  
Dr. Joe Burley  
Dr. Ken Le Clair  

Ms. Mary Andrews
reappointments/ Promotions

Reappointments Effective July 1, 2012
Dr. Susan Finch
Reappointment for 3-years
Dr. Tariq Munshi
Reappointment for 3-years
Dr. Dianne Groll
Reappointment for 5-years
Dr. Margo Rivera
Reappointment for 5-years

Promotions Effective July 1, 2012
Dr. Sarosh Khalid-Khan
Promoted to Associate Professor
Dr. Jessica Jones
Promoted to Associate Professor
Dr. Margo Rivera
Promoted to Associate Professor

Appointments
Dr. Sarosh Khalid-Khan
Deputy Head (Academic)

FAST FACTS
GFT Full-Time 21
GFT Part-Time 2
Adjunct I 116
Adjunct II 3
Adjunct III 3
QUFA 5
Cross Appointments 9
Emeritus 3
Professors 18
Associate Professors 23
Assistant Professors 100
Lecturers 15

EDUCATION
Fellows 2
Residents 23
CME Events 29
Special Presentations 11
### Clinical Services Overview

#### Adult (Acute)
- Inpatients 45 beds
- Consultations
- Emergency Psychiatry Services
  - Rapid Access to Psychiatric Assessment Service
- Outpatients*
  - Anxiety Clinic
  - ADHD Clinic
  - Concurrent Disorders
  - Consultation Liaison
  - General Psychiatry Clinic
  - Geriatric Psychiatry Clinic
  - Mental Health and Law
  - Reproductive Psychiatry Clinic
- Community Outreach/Shared Care
- Early Intervention Psychosis
- Eating Disorder

#### Adult (Rehab)
- Schizophrenia/Rehabilitation
  - Wards 13, 14 & 15 – 70 beds*
  - Psychosocial Rehab Assertive Community Treatment Team*
  - Community Integration Program – Assertive Community Treatment Team*
  - Intensive Case Management*
  - VOCEC
  - Community High Intensity Treatment Team
- Mood Disorders Research and Treatment Service
  - Ward 16 – 20 beds
  - Outpatients*
  - Outreach
  - ECT/TMS Service
  - Group Therapies
- Personality Disorder Service*
  - Chrysalis Program
  - Outreach
  - Managing Powerful Emotions
- Dual Diagnosis Community Outreach Team*
- Community Treatment Order

#### Child and Adolescent Psychiatry
- Eating Disorders (limited)
- Consultation Liaison
- Outreach
- Mood and Anxiety
- Urgent Care

#### Geriatric Psychiatry
- Inpatients – 50 beds
- Regional Outpatients
  - Outreach
    - Kingston Urban
    - Kingston Rural
    - Belleville
    - Brockville
    - Consultation/Liaison
    - Shared Acute MH Care HDH

#### Forensic Psychiatry
- Inpatients FAU – 6 beds
- Inpatients FTU – 24 beds
- Outpatients

* Intake Coordinators
### CLINICAL SERVICES OVERVIEW

#### Ongwanada
- Developmental Disabilities
  - Child and Youth Outpatients
- Outreach Clinics
- South Eastern Regional Transitional Treatment Homes
- DSLG
- Kerry’s Place, Autism Services
- Ongwanada Community Psychiatry

#### Frontenac Community MHS
- Crisis Service
- Housing
- Vocational
- North Shore Assertive Community Treatment Team*
- Frontenac Assertive Community Treatment Team*
- Case Management Services*
- Transitional Case Management
- Options for Change*
- Court Diversion

#### Other Services
- Corrections
- St. Lawrence Student Health Services
- Family Health Teams
- Community Psychiatrists
- Queen’s Student Health Services
- CFB
- Addictions
  - Street Health Clinic
  - North Kingston Clinic
  - Detox

*Intake Coordinators*
committees

Clinical Appointments Committee
Dr. Carolyn Woogh (Chair)
Dr. Mamdouh El-Adl
Dr. Tariq Hassan
Dr. Ruzica Jokic
Dr. Kola Oyewumi
Chief Resident

Internal Appeals Committee
Dr. Deborah Elliott (Chair)
Dr. Leslie Flynn
Dr. Carolyn Woogh

QUFA Reappointments/Tenure/Promotions Committee
Dr. Richard Beninger (Chair)
Dr. Phil Burge
Dr. Dean Tripp (Psychology)
Dr. Kevin Munhall (Psychology)

SEAMO Professional Appeals Committee Representative
Dr. Carolyn Woogh

Academic Affairs Committee
Dr. Leslie Flynn (Past Chair)
Dr. Sarosh Khalid-Khan (Current Chair)
Dr. Renee Fitzpatrick
Dr. Ruzica Jokic
Dr. Roumen Milev
Dr. Kola Oyewumi
Dr. Eric Prost
Dr. Carolyn Woogh
Dr. Varinder Parmar (Resident Representative)

Clinical Promotions Committee
Dr. Kola Oyewumi (chair)
Dr. Rick Birtwhistle (Family Medicine)
Dr. Ken Le Clair
Dr. Alina Marin
Chief Resident

Internal Appointments Committee
Dr. Roumen Milev (Chair)
Dr. Sarosh Khalid-Khan
Dr. Dianne Groll
Dr. Melissa Andrew
Dr. Dijana Oliver

Faculty Development Committee
Dr. Leslie Flynn (Chair)
Dr. Casi Cabrera
Dr. Jessica Jones
Mr. Paul Kasurak
Dr. Susan Ilkov-Moor
Dr. Sarosh Khalid-Khan

Residency Training Committee
Dr. Ruzica Jokic (Chair)
Dr. Carolyn Woogh
Dr. Renee Fitzpatrick
Dr. Eric Prost
Dr. Margo Rivera
Dr. Richard Millson
Dr. Cherie Jones-Hiscock
Dr. Sarosh Khalid-Khan (end Dec 2012)
Dr. Susan Ilkov-Moor
Chief Resident
COPE Resident

Department Council
Dr. Roumen Milev (Chair)
Dr. Simon O’Brien
Dr. Sarosh Khalid-Khan
Dr. Deborah Elliott
Dr. Susan Finch
Dr. Ken Le Clair
Chief Resident

Financial Affairs Committee
Dr. Deborah Elliott (Chair)
Dr. Michele Boyd
Dr. Dianne Groll
Dr. Tariq Hassan
Dr. Sarosh Khalid-Khan
Dr. Tariq Munshi
Dr. Eric Prost
Dr. Roumen Milev
Dr. Louise Teitelbaum
Ms. Jody Burns

Divisional Affairs Committee
Dr. Simon O’Brien (Chair)
Dr. Susan Finch
Dr. Nasreen Roberts
Dr. Ken Le Clair
Dr. Duncan Scott
Dr. Jessica Jones
Dr. Joe Burley
ARBOLEDA-FLOREZ J – Distinguished Fellow, Canadian Psychiatric Association

ELLIOTT D – Mackinnon Brothers Prize; WG Wylie Memorial Prize (Theological Studies)

ELLIOTT D – Distinguished Fellow, Canadian Psychiatric Association

HASSAN T – First Prize, Best Research Award, Canadian Psychiatric Association

JOKIC R – Nominated for the Spirit of Compassion Award, Providence Care

JOKIC R – Mentorship Award, Queen’s University, Department of Psychiatry

JONES J – Awarded an Associate Fellow for British Psychological Society (AFBPsS)

LE CLAIR K – Inaugural 10 Year Recognition Award of Canadian Coalition for Seniors Mental Health. Recognition of Interdisciplinary Leadership and Excellence in Seniors Mental Health in Canada

LE CLAIR K – Partnership Award, Mental Health Commission of Canada. National Recognition Award for Canadian Coalition Seniors Mental Health, Honourable Mention. 5th Leadership Anniversary Award. Accepted on behalf of Coalition as co-chair.

MAZHAR MN – Department of Psychiatry Staff Excellence in Teaching Award (chosen by resident body)

MILEV R – Distinguished Fellow, Canadian Psychiatric Association

MUNSHI T – Queen’s University Department of Psychiatry Clinical Excellence Award

OWEN JA – Queen’s University Department of Psychiatry Excellence in Research Award

OWEN JA – Queen’s University Department of Psychiatry Excellence in Undergraduate Teaching Award

OYEWUMI K – Distinguished Fellow, Canadian Psychiatric Association

ROBERTS N – Outstanding Clinician Award – awarded by the executive of the Medical Staff Association of HDH/KGH

SEITZ D – Southeastern Ontario Academic Medical Organization, Queen’s University Clinical Scientist Development Grant Award – $208,000

VAN ZYL L – Distinguished Fellow, Canadian Psychiatric Association
Do Changes in Sleep Architecture Correlate with Cognitive Impairments in Patients with First Episode Psychosis
FUNDING SOURCE - CTQ
TYPE OF FUNDING - Infrastructure
PRINCIPAL INVESTIGATOR - Abdelmotaal E
CO-INVESTIGATORS - Jokic R, Bowie C, Milev R, Munshi T
AVERAGE ANNUAL FUNDING* – $2,000
FUNDING PERIOD – 2012-2013
STATUS – Submitted

Do Changes in Slow Waves and Sleep Spindles Correlate with Cognitive Changes in Patients Diagnosed with First Episode Psychosis
FUNDING SOURCE - Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING - Operating
PRINCIPAL INVESTIGATOR - Abdelmotaal E
AVERAGE ANNUAL FUNDING – $1,000
FUNDING PERIOD – 2012
STATUS – Ongoing

γ-aminobutyric acid (GABA) and the Etiology of Schizophrenia: Identifying and Treating Cognitive and Neurochemical Deficits in Animal Models
FUNDING SOURCE - OMHF
TYPE OF FUNDING - Operating
PRINCIPAL INVESTIGATOR - Beninger R
CO-INVESTIGATOR - Reynolds J
AVERAGE ANNUAL FUNDING – $18,750
FUNDING PERIOD – 2010-2014
STATUS – Ongoing

The Role of Brain Neurotransmitters in the Control of Behaviour
FUNDING SOURCE - NSERC
TYPE OF FUNDING - Operating
PRINCIPAL INVESTIGATOR - Beninger R
AVERAGE ANNUAL FUNDING – $14,200
FUNDING PERIOD – 2010-2015
STATUS – Ongoing

Youth Mental Health in Primary Care – Enhancing the Competencies of Primary Care Physicians in the Identification and Treatment of Common Mental Health Disorders Using Evidence-Based Practices
FUNDING SOURCE - Department of Psychiatry TYPE OF FUNDING – Research Assistance Fund
TYPE OF FUNDING – Training
PRINCIPAL INVESTIGATOR - Blais J
CO-INVESTIGATOR - Khalid-Khan S
AVERAGE ANNUAL FUNDING – $1,000
FUNDING PERIOD – 2012
STATUS – Ongoing

Child Adoption in Ontario: Who is Interested in Adopting Children with Special Needs?
FUNDING SOURCE - Adopt Ontario
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Burge P
CO-INVESTIGATORS - Groll D, Burke N
AVERAGE ANNUAL FUNDING – $1,666
FUNDING PERIOD – 2011-2014
STATUS – Ongoing

A Contemporary History of Biological Markers in Psychiatry: The “Pink Spot” and its Vicissitudes
FUNDING SOURCE - N/A
TYPE OF FUNDING – Infrastructure
PRINCIPAL INVESTIGATOR - Cabrera C
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

The Impact of Postmodernism in the Education Trainee Psychiatrists
FUNDING SOURCE - N/A
TYPE OF FUNDING – Infrastructure
PRINCIPAL INVESTIGATOR - Cabrera C
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – N/A
STATUS – Ongoing

Senior Health Knowledge Network
FUNDING SOURCE - Health Systems Research Fund Program
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATORS - Chambers L, D’Avernos J
CO-INVESTIGATORS - Harvey D, Kelly ML, Puxty J, Le Clair K, et al
AVERAGE ANNUAL FUNDING – $1,499,610
FUNDING PERIOD – 2013-2016
STATUS – Submitted

Development of the Interprofessional Collaborative Care Education Program
FUNDING SOURCE - Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Collaborative Care Model Sub-Group
AVERAGE ANNUAL FUNDING – $5,000
FUNDING PERIOD – 2012
STATUS – Ongoing

Knowledge to Action, Process in SHRTN Collaborative Community of Practice
FUNDING SOURCE - CIHR
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Conklin J
CO-INVESTIGATORS - Stolee P, Chambers L, Le Clair K
AVERAGE ANNUAL FUNDING – $40,300
FUNDING PERIOD – 2010-2013
STATUS – Ongoing

CANECTS Survey to Update Guidelines on the Practice of ECT in Canada
FUNDING SOURCE - N/A
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Delva N
CO-INVESTIGATOR - Milev R
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2004-2013
STATUS – Ongoing
### Grading Inpatient Threat (GrIT)
- **Funding Source:** N/A
- **Type of Funding:** Operating
- **Principal Investigator:** Douglas R
- **Co-Investigator:** Hassan T
- **Average Annual Funding:** N/A
- **Funding Period:** 2012
- **Status:** Ongoing

### Evidence-Based – Inpatient Safety Group
- **Funding Source:** N/A
- **Type of Funding:** Training
- **Principal Investigator:** Douglas R
- **Co-Investigators:** Scott D, McDonnell R
- **Average Annual Funding:** N/A
- **Funding Period:** 2012
- **Status:** Ongoing

### Assessing the Process of Culture Change in Dementia Care with Diverse Long-Term Care Settings – Year 3
- **Funding Source:** Community-University Research Alliance
- **Type of Funding:** Operating
- **Principal Investigator:** Dupuis D
- **Co-Investigators:** McAiney D, Ploeg J, Kaasalainen, Le Clair K
- **Average Annual Funding:** $71,989
- **Funding Period:** 2010-2015
- **Status:** Ongoing

### Nintendo Wii and Schizophrenia: PILOT Study
- **Funding Source:** Walmart
- **Type of Funding:** Operating
- **Principal Investigator:** Feakins M
- **Average Annual Funding:** $50
- **Funding Period:** 2011-2012
- **Status:** Ongoing

### Development of a Comorbidity Index for Mental Health Outcomes
- **Funding Source:** N/A
- **Type of Funding:** Operating
- **Principal Investigator:** Groll D
- **Average Annual Funding:** N/A
- **Funding Period:** 2010-2013
- **Status:** Ongoing

### Prevalence of Operational Stress Injuries in the Ontario Provincial Police Force and the Ontario Municipal Police Force
- **Funding Source:** TEMA Conter Memorial Trust
- **Type of Funding:** Operating
- **Principal Investigator:** Groll D
- **Average Annual Funding:** $2,565
- **Funding Period:** 2013-2015
- **Status:** Ongoing
Alzheimer Knowledge Exchange – Year 6
FUNDING SOURCE – Ontario Ministry of Health and Long-Term Care
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Harvey D
CO-INVESTIGATORS – Le Clair K, Chair of Alzheimer Knowledge Exchange Collaboration
AVERAGE ANNUAL FUNDING – $200,000
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

Forming a Research Partnership to Evaluate First Link
FUNDING SOURCE – CIHR
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Harvey D
AVERAGE ANNUAL FUNDING – $25,000
FUNDING PERIOD – 2012
STATUS – Ongoing

Metabolic Syndrome, Assessing the Current Metabolic Health Dimension of Forensic Clients
FUNDING SOURCE – N/A
PRINCIPAL INVESTIGATOR – Hassan T
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2012
STATUS – Ongoing

Educational Video to Improve Fitness to Stand Trial
FUNDING SOURCE – Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Hassan T
AVERAGE ANNUAL FUNDING – $1,000
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

Forensic Psychiatry in Pakistan
FUNDING SOURCE – Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING – Training
PRINCIPAL INVESTIGATOR – Hassan T
AVERAGE ANNUAL FUNDING – $1,000
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

Psychiatrists Attitudes to Becoming Mentally Ill
FUNDING SOURCE – Research Initiation Grant
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Hassan T
CO-INVESTIGATORS – Khalid-Khan S, Seitz D, Groll D
AVERAGE ANNUAL FUNDING – $15,000
FUNDING PERIOD – 2011-2013
STATUS – Ongoing

Identification of Primary Polydipsia in a Psychiatric Outpatient Population
FUNDING SOURCE – Research Initiation Grant
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Ifteke F
AVERAGE ANNUAL FUNDING – $10,000
FUNDING PERIOD – 2010-2013
STATUS – Ongoing

Delirium Risk Calculator
FUNDING SOURCE – N/A
TYPE OF FUNDING – Infrastructure
PRINCIPAL INVESTIGATOR – Ilkov-Moor S
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2004-
STATUS – Ongoing

“KeepsMe@Home” Automated Medication Dispenser for Community Patients – Development and Trial
FUNDING SOURCE – N/A
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Ilkov-Moor S
CO-INVESTIGATOR – Feakins M
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2011-2012
STATUS – Ongoing
RESEARCH PROJECTS

Community Psychogeriatric Interventions that Improve Quality of Life for Caregivers
FUNDING SOURCE – N/A
TYPE OF FUNDING – Infrastructure
PRINCIPAL INVESTIGATOR - Ilkov-Moor S
CO-INVESTIGATOR - Kilik L
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2009-
STATUS – Ongoing

A Multi-Centre, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Investigate the Efficacy and Safety of RO4995819 vs. Placebo as Adjunctive Therapy in Patients with Major Depressive Disorder having Inadequate Response
FUNDING SOURCE – N/A
TYPE OF FUNDING – Training
PRINCIPAL INVESTIGATOR – Jokic R
CO-INVESTIGATOR – Kolar D
AVERAGE ANNUAL FUNDING – $40,000
FUNDING PERIOD – 2011-2013
STATUS – Ongoing

Treatment Resistant Depression and Obstructed Sleep Apnea
FUNDING SOURCE – Research Initiation Grant
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Jokic R
CO-INVESTIGATOR – Milev R
AVERAGE ANNUAL FUNDING – $40,000
FUNDING PERIOD – 2011-2013
STATUS – Ongoing

Preliminary Analysis of Brain-Derived Neurotropic Factor as an Addition to the Study of Treatment Resistant Depression and Obstructive Sleep Apnea. Effect of Treatment with Continuous Positive Airway Pressure CPAP on Mood, Anxiety and Quality of Life
FUNDING SOURCE – CTAQ Endowment Fund
TYPE OF FUNDING – Training
PRINCIPAL INVESTIGATOR - Jokic R
CO-INVESTIGATORS - Fitzpatrick M, Milev R, Szewczuk M, Sawatsky J
AVERAGE ANNUAL FUNDING – $50,000
FUNDING PERIOD – 2011-
STATUS – Ongoing

Dual Diagnosis AHP Outpatient Service Contracts
FUNDING SOURCE – MCYS/MCSS
TYPE OF FUNDING – Operating Service Agencies
PRINCIPAL INVESTIGATOR - Jones J
CO-INVESTIGATOR - McQueen M
AVERAGE ANNUAL FUNDING – $60,000
FUNDING PERIOD – 2012-2013
STATUS – Ongoing

Evaluation of Interprofessional Education Day in Intellectual Disabilities
FUNDING SOURCE – Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING – Training
PRINCIPAL INVESTIGATOR - Jones J
CO-INVESTIGATORS - McQueen M, Jones-Hiscock C
AVERAGE ANNUAL FUNDING – $1,000
FUNDING PERIOD – 2012-2013
STATUS – Ongoing

One Day Workshop to Promote Interprofessional Education and Collaborative Practice
FUNDING SOURCE – Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Jones-Hiscock J
AVERAGE ANNUAL FUNDING – $990
FUNDING PERIOD – 2012
STATUS – Ongoing

Anxiety in Breast Cancer Patients
FUNDING SOURCE – Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Khalid-Khan S
AVERAGE ANNUAL FUNDING – $1,000
FUNDING PERIOD – 2012
STATUS – Ongoing

Youth Mental Health in Primary Care – Enhancing the Competencies of Primary Care Physicians in the Identification and Treatment of Common Mental Health Disorders Using Evidence-Based Practices
FUNDING SOURCE – Jeanne Mance Foundation
TYPE OF FUNDING – Training
PRINCIPAL INVESTIGATOR - Khalid-Khan S
CO-INVESTIGATOR – Blais J
AVERAGE ANNUAL FUNDING – $2,000
FUNDING PERIOD – 2012
STATUS – Ongoing

A Study of Alertness in Patients with Treatment Resistant Depression
FUNDING SOURCE – Queen’s University Research Initiation Grant
TYPE OF FUNDING – Infrastructure
PRINCIPAL INVESTIGATOR - Kolar D
AVERAGE ANNUAL FUNDING – $30,000
FUNDING PERIOD – 2012
STATUS – Ongoing

Developing a Self-Management Program for Dementia
FUNDING SOURCE – CIHR
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Le Clair K
CO-INVESTIGATORS - Harvey D, Dupuis S, Kelly ML, et al
AVERAGE ANNUAL FUNDING – $97,072
FUNDING PERIOD – 2012
STATUS – Ongoing
**RESEARCH PROJECTS**

**Mobilization Strategy and Expertise in Delirium Prevention, Identification, Assessments and Management**
- **FUNDING SOURCE:** Ontario Research Coalition Grant
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Le Clair K
- **CO-INVESTIGATORS:** Seitz D, Gill S, et al
- **AVERAGE ANNUAL FUNDING:** $25,000
- **FUNDING PERIOD:** 2012-2013
- **STATUS:** Ongoing

**Database Collection for Evaluation Research with Adult Patients with ADHD**
- **FUNDING SOURCE:** N/A
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Marin A
- **CO-INVESTIGATORS:** Senis E, Roddy G, Scott D, Mazhar N, Buchanan S, Groll D
- **AVERAGE ANNUAL FUNDING:** N/A
- **FUNDING PERIOD:** 2011-2012
- **STATUS:** Ongoing

**Efficacy of Integrative Multimodal Group Therapy for Adult Patients with ADHD**
- **FUNDING SOURCE:** N/A
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Marin A
- **AVERAGE ANNUAL FUNDING:** N/A
- **FUNDING PERIOD:** 2012
- **STATUS:** Ongoing

**Consortium for the Lifespan Examination of ADHD Registry (CLEAR) Study:**
- **FUNDING SOURCE:** Shire Pharmaceuticals
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Marin A
- **CO-INVESTIGATOR:** Milev R
- **AVERAGE ANNUAL FUNDING:** $4,271
- **FUNDING PERIOD:** 2010-2012
- **STATUS:** Ongoing

**Enhancing Systems Capacity to Improve the Quality and Continuity of Mental Health Care for Seniors in Assisted Living and Long-Term Care**
- **FUNDING SOURCE:** Alberta Mental Health Research Partnership
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Maxwell C
- **CO-INVESTIGATORS:** Strain L, Hogan D, Pathen S, Le Clair K, et al
- **AVERAGE ANNUAL FUNDING:** $52,250
- **FUNDING PERIOD:** 2009-2013
- **STATUS:** Ongoing

**Prevalence of Substance Abuse among Medical Professionals: A Systematic Review**
- **FUNDING SOURCE:** Department of Psychiatry Research Assistance Fund
- **TYPE OF FUNDING:** Training
- **PRINCIPAL INVESTIGATOR:** Mazhar N
- **CO-INVESTIGATORS:** Munshi T, Abdelmotaal E, Hassan T
- **AVERAGE ANNUAL FUNDING:** $786
- **FUNDING PERIOD:** 2012
- **STATUS:** Ongoing

**Using Health Profession Trainees Health Program as a Forum for Interprofessional Health Education**
- **FUNDING SOURCE:** N/A
- **TYPE OF FUNDING:** Infrastructure
- **PRINCIPAL INVESTIGATOR:** McNevin S
- **AVERAGE ANNUAL FUNDING:** N/A
- **FUNDING PERIOD:** 2011-2013
- **STATUS:** Ongoing

**Thirty Years and Counting: The Evolution of Psychiatric Services at a University Student Health Service**
- **FUNDING SOURCE:** N/A
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** McNevin S
- **CO-INVESTIGATORS:** Habib W
- **AVERAGE ANNUAL FUNDING:** N/A
- **FUNDING PERIOD:** 2011-2013
- **STATUS:** Ongoing
**Dual Diagnosis Supportive Employment Project**
FUNDING SOURCE: Ministry of Health and Long-Term Care, FCMHAS
TYPE OF FUNDING: Training
PRINCIPAL INVESTIGATOR: McQueen M
CO-INVESTIGATOR: Jones J
AVERAGE ANNUAL FUNDING: $10,000
FUNDING PERIOD: 2012-2013
STATUS: Submitted

**Western Blot Workstation for Investigating the Molecular Basis of Behaviour**
FUNDING SOURCE: NSERC
TYPE OF FUNDING: Infrastructure
PRINCIPAL INVESTIGATOR: Menard J
CO-INVESTIGATORS: Olmstead C, Dringenberg H, Beninger R
AVERAGE ANNUAL FUNDING: $60,162
FUNDING PERIOD: 2013-2014
STATUS: Submitted

**Quality of Life, Stigma and Bipolar Disorder: A Collaboration for Change**
FUNDING SOURCE: CIHR
TYPE OF FUNDING: Operating
PRINCIPAL INVESTIGATOR: Michalak E
CO-INVESTIGATOR: Milev R
AVERAGE ANNUAL FUNDING: $12,600
FUNDING PERIOD: 2008-2013
STATUS: Ongoing

**Sleep Architecture in Depressed Patients Treated with Desvenlafaxine**
FUNDING SOURCE: Pfizer
TYPE OF FUNDING: Operating
PRINCIPAL INVESTIGATOR: Milev R
CO-INVESTIGATORS: Beaudoin A, Jokic R, El-Adl M, Marin A
AVERAGE ANNUAL FUNDING: $3,333
FUNDING PERIOD: 2010-2013
STATUS: Ongoing

**C10953/3072: A Double-Blind, Placebo-Controlled, Parallel-Group, Fixed-Dosage Study to Evaluate the Efficacy and Safety of Armodafinil Treatment (150 and 200 mg/day) as Adjunctive Therapy in Adults with Major Depression Associated with Bipolar I Disorder**
FUNDING SOURCE: Cephalon
TYPE OF FUNDING: Operating
PRINCIPAL INVESTIGATOR: Milev R
AVERAGE ANNUAL FUNDING: $10,000
FUNDING PERIOD: 2012
STATUS: Ongoing

**Mood Stabilizer Plus Antidepressant versus Mood Stabilizer Plus Placebo in the Maintenance Treatment of Bipolar Disorder**
FUNDING SOURCE: CIHR
TYPE OF FUNDING: Operating
PRINCIPAL INVESTIGATOR: Milev R
CO-INVESTIGATORS: Jokic R, Alaqeel M, El-Adl M, Cabrera C, Marin A
AVERAGE ANNUAL FUNDING: $9,375
FUNDING PERIOD: 2010-2014
STATUS: Ongoing

**The Canadian Biomarker Integration Network in Depression (CAN-BIND)**
FUNDING SOURCE: CIHR
TYPE OF FUNDING: Operating
PRINCIPAL INVESTIGATOR: Milev R
CO-INVESTIGATORS: Kolar D, Cabrera C, Alrowaisheh A, Marin A
AVERAGE ANNUAL FUNDING: $71,700
FUNDING PERIOD: 2011-2014
STATUS: Ongoing

**A 12-week, Double-Blind, Randomized, Placebo-Controlled Study Evaluating Efficacy and Safety of High Frequency Repetitive TMS Treatment in Patients with GAD**
FUNDING SOURCE: N/A
TYPE OF FUNDING: Operating
PRINCIPAL INVESTIGATOR: Milev R
CO-INVESTIGATORS: du Toit R, Jokic R, Lowe A
AVERAGE ANNUAL FUNDING: N/A
FUNDING PERIOD: 2010-2013
STATUS: Ongoing
A Prospective, Randomized, Double-Blind, Placebo-Controlled, Phase 2 Safety and Efficacy Study of Oral ELND005 as an Adjunctive Maintenance Treatment in Patients with Bipolar I Disorder
FUNDING SOURCE – PPD
TYPE OF FUNDING – Infrastructure
PRINCIPAL INVESTIGATOR – Milev R
CO-INVESTIGATOR – Kolar D
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2013
STATUS – Ongoing

FUNDING SOURCE – CIHR Emerging Team Grant
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Minnes P
AVERAGE ANNUAL FUNDING – $180,000
FUNDING PERIOD – 2009-2014
STATUS – Ongoing

GO4KIDDS: Great Outcomes for Kids Impacted by Severe Developmental Disabilities
FUNDING SOURCE – CIHR Emerging Team Grant
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATORS – Minnes P, et al
AVERAGE ANNUAL FUNDING – $145,060
FUNDING PERIOD – 2009-2014
STATUS – Ongoing

Audit of Monitoring Practice for Metabolic Syndrome in Patients on Antipsychotics in the ACT Team
FUNDING SOURCE – N/A
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATORS – Munshi T, Stakheiko A (Resident)
CO-INVESTIGATORS – Denison S, Groll D
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2012
STATUS – Ongoing

Prevalence of Metabolic Syndrome in an Acute Psychiatric Inpatient Setting
FUNDING SOURCE – N/A
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Munshi T, Patel A (Resident)
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2012
STATUS – Ongoing

Factors Associated with Good Outcome in Psychosocial Rehabilitation of a Sample of Individuals under the Care of Assertive Community Treatment
FUNDING SOURCE – Research Initiation Grant
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Munshi T
AVERAGE ANNUAL FUNDING – $15,000
FUNDING PERIOD – 2011-2013
STATUS – Ongoing

The Association between Vitamin D Deficiency and Depression: Lessons from Case-Based Observations
FUNDING SOURCE – Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Nadkarni P
AVERAGE ANNUAL FUNDING – $800
FUNDING PERIOD – 2012
STATUS – Ongoing

Facebook and Anxiety Project: The Impact of Social Networking Sites (Facebook) on Anxiety in Adolescents with Anxiety Disorders
FUNDING SOURCE – Summer Student Project
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Narducci L (Queen’s Medical Student)
CO-INVESTIGATOR – Khalid-Khan S
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2012
STATUS – Ongoing

A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Multicentre, Phase 2 Study to Evaluate the Efficacy and Safety of MBT512A Inpatients with Mild to Moderate Alzheimer’s Disease
FUNDING SOURCE – Genetech
TYPE OF FUNDING – Infrastructure
PRINCIPAL INVESTIGATOR – Nashed Y
CO-INVESTIGATOR – Teitelbaum L
AVERAGE ANNUAL FUNDING – $21,204
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

FUNDING SOURCE – American Psychiatric Press Inc./American Psychiatric Association
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Owen JA, Levenson JL, Ferrando S
AVERAGE ANNUAL FUNDING – $1
FUNDING PERIOD – 2011-2012

Presentations to Psychiatry in Emergency in a Tertiary Care Hospital Setting and the Seasonal Patterns Associated with Diagnosis. A Retrospective Study
FUNDING SOURCE – Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Parmar V (Resident)
CO-INVESTIGATORS – Szymczak P, Cabrera C, Groll D
AVERAGE ANNUAL FUNDING – $750
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

Do Tertiary Care Hospitals and Community SSRI, Antipsychotic and Psychostimulant usage Patterns in Children and Adolescents Match the Evidence-Based Guidelines
FUNDING SOURCE – N/A
TYPE OF FUNDING – Training
PRINCIPAL INVESTIGATOR – Parmar V (Resident)
CO-INVESTIGATORS – Khalid-Khan S, Groll D
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2012
STATUS – Ongoing
Reasons for Referrals to Psychiatry in Emergency in a Tertiary Care Hospital Setting and Utilization of Resident Resources. A Retrospective Study
FUNDING SOURCE - Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING - Operating
PRINCIPAL INVESTIGATOR - Parmar V (Resident)
CO-INVESTIGATORS - Szymczak P, Stakheiko A, Cabrera C, Groll D
AVERAGE ANNUAL FUNDING – $750
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

Parent-Centred Cognitive Behavioural Therapy Group for Parents of Children with Anxiety
FUNDING SOURCE - Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING - Infrastructure
PRINCIPAL INVESTIGATOR - Pishva R
CO-INVESTIGATOR - Khalid-Khan S
AVERAGE ANNUAL FUNDING – $1,000
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

Mobilizing Strategy and Expertise in Delirium Prevention, Identification, Assessment and Management that Spans the Continuum of Care Transitions of Older Adults with Complex Co-Morbidities
FUNDING SOURCE - Ontario Research Coalition Grant
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Puxty J
AVERAGE ANNUAL FUNDING – $25,000
FUNDING PERIOD – 2012-2013
STATUS – Ongoing

Use of the Psychotherapy E-Resource Tool for Psychiatry Resident Training
FUNDING SOURCE - N/A
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Rivera M
CO-INVESTIGATOR - Alavi N
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2012
STATUS – Ongoing

The Effectiveness of a Cultural Competency Module in Psychiatry Resident Training
FUNDING SOURCE - N/A
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATORS - Rivera M, Khalid-Khan S
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2012
STATUS – Ongoing

Outcome Study of Day Treatment for Children with Autism Spectrum Disorders
FUNDING SOURCE - N/A
TYPE OF FUNDING – Training
PRINCIPAL INVESTIGATOR - Roberts N
CO-INVESTIGATORS - Alavi N, de Grace E
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

Comparison Study on Urgent Consults
FUNDING SOURCE - N/A
TYPE OF FUNDING – Infrastructure
PRINCIPAL INVESTIGATOR - Roberts N
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

School-Based Mental Health Curriculum: Integrated Pathway to Care Model for Youth Mental Health Promotion, Early Identification, Prevention and Health Care
FUNDING SOURCE - SEAMO AFP
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR - Roberts N
CO-INVESTIGATORS - Parker K, Khalid-Khan S
AVERAGE ANNUAL FUNDING – $55,000
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

One-Year Prospective Study of Adolescents Assessed in Hospital Based Psychiatric Urgent Consult Clinics
FUNDING SOURCE - N/A
TYPE OF FUNDING – Salary
PRINCIPAL INVESTIGATOR - Roberts N
CO-INVESTIGATOR - Parker K
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2011-2013
STATUS – Ongoing
Research to Action Program in Dementia
RAPID – Year 5
FUNDING SOURCE – CIHR
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Rockwood K
CO-INVESTIGATORS – Le Clair K (Scientific Theme Lead CDRAKE), Feldman H, Keefe J, Chertkow H
AVERAGE ANNUAL FUNDING – $240,000
FUNDING PERIOD – 2008-2013
STATUS – Ongoing

Creating a Database on Forensic Clients with ADHD
FUNDING SOURCE – N/A
PRINCIPAL INVESTIGATORS – Scott D, Hassan T, Douglas R
AVERAGE ANNUAL FUNDING – N/A
FUNDING PERIOD – 2012
STATUS – Ongoing

A Volunteer-Led Intervention to Reduce Behavioural Symptoms of Dementia (VALID)
FUNDING SOURCE – Alzheimer’s Association International Grant Program
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Seitz D
CO-INVESTIGATORS – Gill SS, Horgan S, Buettner L, Le Clair K
AVERAGE ANNUAL FUNDING – $25,000
FUNDING PERIOD – 2012-2014
STATUS – Ongoing

Use of Actigraphic Sensors to Monitor Neuropsychiatric Symptoms of Depression
FUNDING SOURCE – Department of Psychiatry Research Assistance Fund
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Seitz D
AVERAGE ANNUAL FUNDING – $925
FUNDING PERIOD – 07/1905
STATUS – Ongoing

Volunteers Adding Life in Dementia (VALID): A Person-Centred Intervention to Reduce Behavioural Symptoms and Improve the Quality of Life of Older Adults with Dementia
FUNDING SOURCE – SEAMO, AFP, Innovation Fund
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Seitz D
CO-INVESTIGATORS – Le Clair K, Gill S, Horgan S
AVERAGE ANNUAL FUNDING – $47,500
FUNDING PERIOD – 2012-2013
STATUS – Ongoing

Primary Care-Dementia Assessment and Treatment Algorithms
FUNDING SOURCE – CIHR
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Seitz D
AVERAGE ANNUAL FUNDING – $50,000
FUNDING PERIOD – 2011-2013
STATUS – Ongoing

Collaboration and Meeting Mental Health Services in Long-Term Care: Implications for Quality
FUNDING SOURCE – CIHR
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Seitz D
CO-INVESTIGATORS – Conn D, Herrmann N, Gill S, Le Clair K
AVERAGE ANNUAL FUNDING – $99,499
FUNDING PERIOD – 2011-2012
STATUS – Ongoing

Antidepressants and Fall-Related Injuries in Older Adults: A Problem-Based Study from Ontario
FUNDING SOURCE – Research Initiation Grant
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Seitz D
AVERAGE ANNUAL FUNDING – $30,000
FUNDING PERIOD – 2012
STATUS – Ongoing

SEAMO Clinician Scientist Development Program
FUNDING SOURCE – SEAMO
TYPE OF FUNDING – Salary
PRINCIPAL INVESTIGATOR – Seitz D
AVERAGE ANNUAL FUNDING – $70,000
FUNDING PERIOD – 2011-2014
STATUS – Ongoing

Fall-Related Injuries Following Initiation of Antidepressant Therapy among Older Adults
FUNDING SOURCE – Research Initiation Grant
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Seitz D
CO-INVESTIGATOR – Gill S
AVERAGE ANNUAL FUNDING – $15,000
FUNDING PERIOD – 2011-2013
STATUS – Ongoing

Interventions for Neuropsychiatric Systems of Dementia in Long-Term Care: A Systematic Review
FUNDING SOURCE – CIHR
TYPE OF FUNDING – Operating
PRINCIPAL INVESTIGATOR – Seitz D
CO-INVESTIGATORS – Conn D, Herrmann N, Gill S, Le Clair K
AVERAGE ANNUAL FUNDING – $99,499
FUNDING PERIOD – 2011-2012
STATUS – Ongoing
### Knowledge to Action Grant: The Primary Care Dementia Assessment and Treatment Algorithm (PC-DATA)
- **FUNDING SOURCE:** CIHR
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Seitz D, Le Clair K
- **AVERAGE ANNUAL FUNDING:** $194,000
- **FUNDING PERIOD:** 2012
- **STATUS:** Ongoing

### Quality of Mental Health Care for Older Adults
- **FUNDING SOURCE:** Ontario Research Coalition, Development Fund
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Seitz D, Pearlman C
- **CO-INVESTIGATORS:** Wilson K, Conn D, Le Clair K
- **AVERAGE ANNUAL FUNDING:** $66,000
- **FUNDING PERIOD:** 2012-2013
- **STATUS:** Ongoing

### www.dementiacrossroads.ca: Developing online Networks to Support Collaboration Between Persons with Dementia, Caregivers, Clinicians and Community Services
- **FUNDING SOURCE:** Alzheimer Society of Canada
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Wiersma E
- **CO-INVESTIGATORS:** Gill SS, Puxty J, Frank C, Tranmer J, Le Clair K, Horgan S
- **AVERAGE ANNUAL FUNDING:** $110,000
- **FUNDING PERIOD:** 2013-2015
- **STATUS:** Submitted

### Child and Adolescent Mental Health Training: Needs and Interests in GPs, Family Docs and Paediatricians
- **FUNDING SOURCE:** N/A
- **TYPE OF FUNDING:** Training
- **PRINCIPAL INVESTIGATOR:** Wiersma E
- **CO-INVESTIGATORS:** Harvey D, Dupuis S, Kelly ML, Le Clair K, et al
- **AVERAGE ANNUAL FUNDING:** $97,072
- **FUNDING PERIOD:** 2012-2013
- **STATUS:** Ongoing

### International Study for Discrimination and Stigma Outcomes (INDIGO)
- **FUNDING SOURCE:** N/A
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Wiersma E
- **CO-INVESTIGATOR:** Milev R
- **AVERAGE ANNUAL FUNDING:** N/A
- **FUNDING PERIOD:** 2006-2013
- **STATUS:** Ongoing

### Anti-Stigma National Project
- **FUNDING SOURCE:** Mental Health Commission of Canada
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Wilson K
- **CO-INVESTIGATORS:** Le Clair K, Conn D
- **AVERAGE ANNUAL FUNDING:** $230,000
- **FUNDING PERIOD:** 2010–
- **STATUS:** Ongoing

### Atypical Antipsychotics for Continuation and Maintenance Treatment After an Acute Manic Episode
- **FUNDING SOURCE:** CIHR
- **TYPE OF FUNDING:** Operating
- **PRINCIPAL INVESTIGATOR:** Yatham L
- **CO-INVESTIGATOR:** Milev R (Site Co-Investigator)
- **FUNDING PERIOD:** 2011-2012
- **STATUS:** Ongoing
Peer Reviewed Publications

PUBLISHED


McCreary B, Jones J, McQueen M. Managing the Challenge of “Challenging Behaviour” for Persons with Intellectual Disabilities, 2012 (e-pub), *Clinical Bulletin of Developmental Disabilities*


IN PRESS

Dillon W, Prorok J, Seitz DP. Content and Quality of Information Provided on Canadian Dementia Websites, 2013, Can Geriatr J


Marin A, Scott D, Groll D. Bipolar Disorder Comorbid with Attention Deficit/Hyperactivity Disorder, 2012, The Primary Care Companion for CNS Disorders


Prost E, Mussisi S, Okello E, Hopman W. The Role of Psychoeducation on Outcome at a General Hospital Psychiatry Clinic in Uganda, 2013, African J Psychiatry


Submitted


Burbidge J, Minnes P. Relationship Quality in Adult Siblings with and without Developmental Disabilities, 2012, Family Relations


Munshi T. Factors Associated with a Good Outcome in Individuals Undergoing Psychosocial Rehabilitation in an ACT Service, 2012, ACT, 13


Prorok J, Horgan S, Seitz DP. Healthcare Experiences of Persons with Dementia and their Caregivers, 2013, CMAJ


Non-Peer Reviewed Publications:

Cabrera C. Is Antipsychiatry Good for Psychiatry, 2012, Synergy, Vol. 18, 4-6

Flynn L, Michalska B, Gupta S, Han H. Resident Leadership, 2012, Royal College of Physicians and Surgeons of Canada (e-pub)


Gill SS, Seitz DP. From Association to Mechanism: Observational Studies can help us Understand Fundamental Drug Actions: Comment on Antipsychotic Use and Myocardial Infarction in Older Patients with Treated Dementia, 2012, Arch Intern Med, Vol. 3
Books/Chapters/ Monographs/Editorials:

PUBLISHED


IN PRESS


Groll DL. Functional Assessment of the Older Adult, 2012, Physical Examination and Health Assessment, Second Canadian Edition

SUBMITTED


Invited Lectures/ Conference Papers

Andrew M. “RCPSC Subspecialty Update”. Presented at the Canadian Academy of Geriatric Psychiatry, Banff, Alberta, 2012

Burley J. “Ethics of Collaborative Care”. Workshop presented twice with the OIEP Forums, 2012

du Toit R. “Trauma and Addiction Symposium: Addiction and Trauma in the Prison Population”. Presented at the Canadian Psychiatric Association, Montreal, Quebec, 2012 (Invited Lecture)

Feakins MJ. “Freud – Life and Works”. Presented at the Queen’s University, Kingston, Ontario, 2012 (Invited Lecture) – Presented to the Queen’s Psychiatry Interest Group a second time, by invitation of the Chair, 2012

Finch S. “Non-Pharmacological Treatments of Concurrent PTSD and Addictions”. Presented workshop at the 12th Annual Mood and Anxiety Disorders Conference, Queen’s University, Kingston, Ontario, 2012

Finch S, Mazhar N. “Substance use Disorders and First Episode Psychosis”. Present workshop at the Southeastern Ontario District Conference on Early Intervention in Psychosis Conference, Queen’s University, Kingston, Ontario, 2012 (Invited Lecture)

Finch S. “OHRDP Harm Reduction and Health Concerns Affecting the Marginalized Populations Workshop”. Presented a session on Mental Health and Psychiatric Considerations in HCV Infection and Treatment, 2012 (Invited Lecture)

Finch S, Mazhar N. “Kingston and Frontenac LEAD Training for Police and Community Mental Health Workers”, 2012 (Invited Lecture)
Fitzpatrick R. “Pearls of Wisdom”. Elected by MEDS 2013 to present to incoming 2016 Class, 2012 (Invited Lecture)


Fitzpatrick R. “Building Bridges for Optimal Mental Health Care for Children and Adolescents”. Presented at the Primary Health Care Forum, 2012 (Invited Lecture)

Fitzpatrick R. Participant in Panel Psychiatry as a career, Queen’s University Psychiatry Interest Group, 2012 (Invited Lecture)

Fitzpatrick R. “Symposium on trauma and its impact on addictions and other psychiatric presentations in children and adolescents”. Presented at the Canadian Psychiatric Association, 2012 (Invited Lecture)


Flynn L. “Preparing Residents for Effective Teams”. Presented at the International Conference on Resident Education, Ottawa, Ontario, 2012 (Invited Paper)

Flynn L. “Teaching in the Clinical Setting: Strategies to Assist the Teacher in Difficulty”. Presented at the Association of Medical Education in Europe, Lyon, France, 2012 (Invited Paper)

Groll D. “Identification of Primary Polydipsia in a Severe and Persistent Mental Illness Outpatient Population: A Prospective Observational Study”. Presented at the Canadian Psychiatric Association, Montreal, Quebec, 2012 (Invited Lecture)


Groll D. “Psychiatrists Attitudes to Becoming Mentally Ill”. Presented at the Canadian Psychiatric Association, Montreal, Quebec, 2012 (Invited Lecture)

Groll D. “Reasons for Referrals to Psychiatry in Emergency in a Tertiary Care Hospital Setting and Utilization of Resident Resources”. Presented at the Canadian Psychiatric Association, Montreal, Quebec, 2012. (Invited Lecture)


Jokic R. “Understanding Fatigue – The Complex Relationship between Sleep and Depression”. Presented at the University of Saskatchewan, Saskatoon, Saskatchewan, 2012 (Invited Lecture)

Jones J. “Asperger’s Syndrome and Offending Behaviour”. Presented at Kerry’s Place Autism Service – Annual Conference, Toronto, Ontario, 2012 (Invited Lecture)


Jones J. “Dual Diagnosis and Conflict with the Law”. Presented at the Southeast Ontario Human Services and Justice Coordination Network – HPE, Belleville, Ontario, 2012 (Invited Lecture)

Jones J. “Dual Diagnosis and Conflict with the Law”. Presented at the Southeast Ontario Human Services and Justice Coordination Network – KFLA, Kingston, Ontario, 2012 (Invited Lecture)


Khalid-Khan S. “Mental Health Awareness in Children and Youth: A School-Based Approach”. Presented at the Coalition for Children and Youth Mental Health, Toronto, Ontario, 2012 (Invited Lecture)


Le Clair K. “Behavioural Challenges from Prevention to Treatment”. Presented at the Annual Geriatric Mental Health Forum, Peterborough, Ontario, 2012 (Invited Lecture)


Le Clair K. “Changing Directions, Changing Lives Together, New Directions in Geriatric and Dementia Care”. Presented at the Prince Edward Family Health Team’s Annual Conference, Picton, Ontario, 2012 (Invited Lecture)


Le Clair K. “Changing the Face of Mental Health and Behavioural Services: Integration of Specialty Services in Ontario”. Presented at the Geriatric Mental Health Addiction and Behavioural Community of Practice, Workshop, Toronto, Ontario, 2012 (Invited Lecture)

Le Clair K. “Geriatric Mental Health: The Fundamentals and Practical Approaches to Assessment and Treatment: Workshop – Brockville Hospital Chronic Care Services”. Presented at the Brockville Hospital Chronic Care Services, Brockville, Ontario, 2012 (Invited Lecture)


Le Clair K. “Long Term Care and Behavioural and Mental Health”. Presented at the Treatment Mentorship Session, Amherstview, Ontario, 2012 (Invited Lecture)

Le Clair K. “Memory, Behaviour and Mental Health. Practical Approaches and Service Strategies in Primary Care”. Presented at the Oshawa Clinic, Oshawa, Ontario, 2012 (Invited Lecture)


Le Clair K. “Self-Management in Older Adults”. Workshop presented at CME Day/Geriatrics, Queen’s University, Kingston, Ontario, 2012 (Invited Lecture)

Le Clair K. “Senior Mental Health and Addictions in Ontario; Ministers’ Strategy and Directions”. Workshop presented at the Canadian Mental Health Association, Toronto, Ontario, 2012 (Invited Lecture)


Le Clair K. “Understanding Collaborative Care within the Team”. Workshop presented at Residency in Psychiatry, Queen’s University, Kingston, Ontario, 2012 (Invited Lecture)
Le Clair K. “What’s New in Dementia Care: Evidence, Tools and Tips”. Presented at Family Practice, Memory Session, Belleville, Ontario, 2012 (Invited Lecture)


Mazhar A. “Can Eye Movement Recordings help Differentiate ADHD and Bipolar Disorder?” Workshop presented at the Canadian Psychiatric Association, Annual Meeting, Montreal, Quebec, 2012 (Invited Lecture)

Mazhar A. “ADHD Comorbidities in Adulthood and Available Treatment Options”. Presented at the Department of Psychiatry Grand Rounds, Kingston, Ontario, 2012 (Invited Lecture)

Mazhar A. “Preliminary Results of a Pilot Study on Eye Movements Point to Possible Neurophysiologic Markers of ADHD and Bipolar Disorder in Adults”. Presented at the Department of Psychiatry Research Conference, Kingston, Ontario, 2012 (Invited Lecture)

Mazhar M. “Concurrent Disorders and Early Intervention” (Lecture in “Barriers to Recovery in Early Stages of Psychosis” Conference. Presented at the Department of Psychiatry, Queen’s University, Kingston, Ontario, 2012 (Invited Lecture)

Mazhar M. “Addiction – A Disease of Brain”. Presented at the LEAD Training by Frontenac Community and Mental Health and Addiction Services, Kingston, Ontario, 2012 (Invited Lecture)

Mazhar M. “Alcohol Abuse and Treatment”. Presented at the Federation of Medical Women of Canada, Kingston, Ontario, 2012 (Invited Lecture)

McNevin S, Flynn L, Andrew M. “Physician Health Challenges in Training and Beyond: Does Psychiatry have a Role?” Presented at the Queen’s University Department of Psychiatry Grand Rounds, Kingston, Ontario, 2012 (Invited Lecture)


Milev R. “Finding the Canadian ECT Survey”. Presented at the Canadian Psychiatric Association, 62nd Annual Conference, Montreal, Quebec, 2012 (Invited Lecture)

Milev R. “Managing Clinical Challenges, Perspective in Mental Health Care”. Presented at the Canadian Psychiatric Association, Ottawa, Ontario, 2012 (Invited Lecture)


Munshi T. “Knowledge Translation Program for Family Physicians in Kingston”. Presented at the Department of Psychiatry, Queen’s University, Kingston, Ontario, 2012 (Invited Lecture)

Munshi T. Presentation on Seroquel XR to Family Physicians in Kingston at their Practice as Part of their CME Program. Presented at Frontenac Medical Associates, Kingston, Ontario, 2012 (Invited Lecture)

Nadkarni P. “Depression in the Medically Ill – An Integrated Approach”. Workshop presented at 12th Annual Mood and Anxiety Disorders Conference, Queen’s University, Kingston, Ontario, 2012 (Invited Lecture)

Rivera M. “Coming at it from all Angles: A Group Therapy Program for individuals with Borderline Personality Disorder”. Presented at the European Society for the Study of Trauma and Dissociation, Berlin, Germany, 2012 (Invited Lecture)

Rivera M. “Dialectical Behaviour Therapy: Skill-Building in Individual and Group Therapy for the Treatment of Borderline Personality Disorder”. Presented at Memorial University, Department of Psychiatry, St. John’s, Newfoundland and Labrador, 2012 (Invited Lecture)

Rivera M. “Incorporating the Psychotherapy Training Electronic Resource (PTEr) into the Psychiatry Resident Training Program”. Presented at the Canadian Psychiatric Congress, Montreal, Quebec, 2012 (Invited Lecture)


Scott D. “Cymbalta Round Table: A Discussion Based on Treatment of the Co-Morbid Aspects of Pain, Addiction and Depression”. Presented in Belleville, Ontario, 2012 (Invited Lecture)


Scott D. “Major Depression, PAAB”. Presented in Bancroft, Ontario, 2012 (Invited Lecture)

Scott D. “Myths and Realities in Major Depressive Disorder”. Presented in Belleville, Ontario, 2012 (Invited Lecture)


Scott D. “Schizophrenia and Reintegration into the Community: Strategies to Reduce Risk and Recidivism”. Presented in Montreal, Quebec, 2012 (Invited Lecture)

Seitz DP. Baker K. “Assessment and Non-Pharmacological Management of Neuropsychiatric Symptoms of Dementia - Webinar”. Presented at Queen's University Department of Psychiatry, Kingston, Ontario, 2012 (Invited Lecture)


Seitz DP. “Collaborative Models of Geriatric Mental Care in Primary Care”. Presented at Queen’s University, Department of Family Medicine Grand Rounds, Kingston, Ontario, 2012 (Invited Lecture)

Seitz DP. “Management of Neuropsychiatric Symptoms of Dementia in Long-Term Care”. Presented Queen's University, Long-Term Care Physicians Education Rounds, Kingston, Ontario, 2012 (Invited Lecture)

Seitz DP. “Mental Health Quality Indicators for Older Adults. Quality of Mental Health Care for Older Adults with Mental Illness. (Oral Presentation)”. Presented at the Canadian Coalition for Seniors Mental Health/Canadian Academy of Geriatric Psychiatry Meeting, Banff, Alberta, 2012 (Invited Lecture)

Seitz DP. “Nonpharmacological Management of Neuropsychiatric Symptoms of Dementia”. Presented at the Canadian Academy of Geriatric Psychiatry Review Course, Banff, Alberta, 2012 (Invited Lecture)

Seitz DP. “Overview of Neuropsychiatric Symptoms of Dementia”. Presented at the Canadian Academy of Geriatric Psychiatry Review Course, Banff, Alberta, 2012 (Invited Lecture)

Seitz DP. “Quality of Mental Health Care for Older Adults with Mental Illness. (Symposium – Chair)”. Presented Canadian Coalition for Seniors Mental Health/Canadian Academy of Geriatric Psychiatry Meeting, Banff, Alberta, 2012 (Invited Lecture)

Seitz DP. “The Primary Care of Dementia Assessment and Treatment Algorithm (oral presentation). Behavioral Supports Ontario”. Presented Canadian Coalition for Seniors Mental Health/Canadian Academy of Geriatric Psychiatry Meeting, Banff, Alberta, 2012 (Invited Lecture)

Seitz DP. “The Primary Care of Dementia Assessment and Treatment Algorithm (PC-DATA): A Collaborative Approach to Dementia Care”. Presented at the Department of Psychiatry Research Day, Queen’s University Kingston, Ontario, 2012 (Invited Lecture)

Seitz DP. “The Primary Care of Dementia Assessment and Treatment Algorithm”. Presented at the Queen’s University Department of Psychiatry Research Day, Kingston, Ontario, 2012 (Invited Lecture)
Poster Presentations / Technical Reports


Baker TW, Beninger RJ. “Amphetamine, Clozapine, Risperidone, Haloperidol and Metoclopramide Differentially Affect Choices in a Modified Rodent Gambling Task”. Presented at the Society for Neuroscience, 2012 (Poster Presentation)

Banasikowski T, Beninger RJ. “Acquisition and Expression of Catalepsy Sensitization to Haloperidol is conditional on the Interaction between the Drug and Test Environment”. Presented at the Society for Neuroscience, 2012 (Poster Presentation)

Beuk J, Beninger RJ, Pare M. “Dissociable Effects of Amphetamine on Stopping and Performance Monitoring for Rats in the Countermanding Task”. Presented at the Society for Neuroscience, 2012 (Poster Presentation)

Feakins MJ. “Nintendo Wii and Schizophrenia: A Pilot Study”. Presented at the Queen’s Department of Psychiatry Research Day, 2012 (Poster Presentation)


Fitzpatrick R. “Introducing Psychiatry Teaching in Pre-Clerkship”. Facilitated Poster Session: Psychiatry Extravaganza, 2012 (Poster Presentation)

Fitzpatrick R. Scholarship in Health Sciences, 2012 (Poster Presentation)

Fitzpatrick R. Department of Psychiatry Research Conference, 2012 (Poster Presentation)

Flynn L, Michalska B, Gupta S, Han H. “First Patient Program – Program Evaluation”. Presented at Faculty Works, Faculty of Education, Queen’s University, Kingston, Ontario, 2012 (Poster Presentation)


Gibson M, Andrew M. “Leadership Skills in Residency: A Portfolio Approach”. Presented at the International Conference on Residency Education (ICRE), 2012 (Poster Presentation)

Hawken ER, Reynolds JN, Beninger RJ. “Subchronic Amphetamine Treatment Increases Schedule-Induced Polydipsia in the Rat”. Presented at the Society for Neuroscience, 2012 (Poster Presentation)


Lee H, Paik JW, Milev R. “Comparison of Stigmatizing Experiences in Korean and Canadian Patients with Depression and Bipolar Disorders”. Presented at the 15th Pacific Rim College of Psychiatrists Scientific Meeting, 2012 (Poster Presentation)


Mazhar M, Munshi T, Abdelmotaal E, Hassan T, Seitz D. “Prevalence of Substance Abuse Among Medical Professionals: A Systematic Review”. Presented at the Queen’s University Department of Psychiatry Annual Research Conference, 2012 (Poster Presentation)

McQueen M, Jones J, Hiscock-Jones C. “Advanced Interviewing Skills: Enhancing Education in Intellectual Disabilities for Medical Students and Consumer Engagement”. Presented at the Annual Research Conference, Department of Psychiatry, 2012 (Poster Presentation)


Narducci L, Horgan S, Khalid-Khan S. “Exploring how Facebook may Contribute to Anxiety in Adolescents with Anxiety Disorders”. Presented at the Medical Student Research Showcase Day at Queen’s University, 2012 (Poster Presentations)

Parmar V, Talikowska-Szymczak E, Szymczak P, Meiklejohn E, Groll D. “Reasons for Referrals to Psychiatry in Emergency in a Tertiary Care Hospital Setting and Utilization of Resident Resources”. Presented at the 64th American Psychiatric Association, Institute on Psychiatric Services Meeting, 2012 (Poster Presentation)


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<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Title</th>
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<tbody>
<tr>
<td>Abdelmotaal, Essam</td>
<td>Providence Care</td>
<td>Assistant Professor</td>
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<tr>
<td>Ahmed, Adkunle Garba</td>
<td>Other Faculty Member</td>
<td>Associate Professor</td>
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<td>Altrows, Irwin</td>
<td>Private Practice</td>
<td>Assistant Professor</td>
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<td>Andrew, Melissa</td>
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<td>Arboleda-Flórez, Julio</td>
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<td>Emeritus Professor</td>
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<td>Baldock, Jane</td>
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<td>Beckett, Linda</td>
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Hampel, Elizabeth
Maple Family Health Team
Assistant Professor

Hanna, Samia
Providence Care
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Harkness, Kate
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Hassan, Tariq
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Assistant Professor

Holden, Timothy
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Hopkins, Robert
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Iftene, Felicia
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Ilkov-Moor, Susan
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Jackson, Jeffrey
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Jarrett, Frank
Hotel Dieu Hospital
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Jetly, Rakesh
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Assistant Professor

Johnston, Mary
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